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Paycheck Protection Program Borrower Application Form

OMB Control No.: 3245-0	407
Expiration Date: 09/30/2	020

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☐ Indepen ☐ 501(c)(3	prietor Partnershi dent contractor Eli do nonprofit 501(c usiness (sec. 31(b)(2)	igible self-employ)(19) veterans org (C) of Small Busin	ed individual anization		DB	A or Trader	name if Applica	ble	
	Business Legal N	ame							
	SS1 LLC Business Addre	ngg			Business TIN (EIN CCN)	Ducino	ss Phone	
1	4700 36th Av	e Svv				509	2069384		
					Primary C Eric Shi		ers98126	Address	com
					LIIC SIII	Леу	61330120	wyman.	COIII
Average Monthly Payroll:	\$ 328000	x 2.5 + EIDL, Advance (if A Equals Loan R	pplicable)	\$8	20000	Number of	of Employees:	41	
Purpose of the loan									
(select more than one):	■Payroll ■Le	ase / Mortgage Int	terest Utilitie	es 🔳	Other (explain):	employee	benefits		
List all owners of 20% or mo	re of the equity of the	Applicant Ow Applicant. Attach	=	if nece	essary.				
Owner Name		Title	Ownership %	o TI	N (EIN, SSN)		Address		
Eric R Shibley	Mana	ager	100		-524 4	700 36t	h Ave SW	/ Seat	tle 🖁
If questions (1) or (2) b	elow are answered "	Yes," the loan will	l not be approved	<u>l.</u>					
		Question	l					Yes	No
Is the Applicant or an voluntarily excluded bankruptcy?	ny owner of the Appli from participation in								
Has the Applicant, as guaranteed loan from caused a loss to the g	SBA or any other Fe							r 🔲	
3. Is the Applicant or arbusiness? If yes, list	ny owner of the Appli all such businesses an							r 🔳	
4. Has the Applicant reprovide details on a s	ceived an SBA Econo separate sheet identific			Januai	ry 31, 2020 and	April 3, 20	20? If yes,		
If questions (5) or (6) as	re answered "Yes," th	ne loan will not be	approved.						
		Question					Yes	No	0
5. Is the Applicant (if a	an individual) or any i	individual owning	20% or more of	the eq	uity of the Appl	icant subject			
brought in any juriso	minal information, ar diction, or presently in m your response to qu	ncarcerated, or on	probation or pare		nal criminal char	ges are	Ц	L	
been convicted; 2) p	ars, for any felony, ha deaded guilty; 3) plea of parole or probation	ded nolo contende	ere; 4) been place	ed on p			n 🔲	[
Initial here to confir	m your response to qu	uestion $6 \rightarrow ers$	S	-					
7. Is the United States Applicant's payroll	the principal place of calculation above?	residence for all e	employees of the	Applio	cant included in	the		[
8. Is the Applicant a fr	anchise that is listed i	n the SBA's Franc	chise Directory?		U.S. v. S CR20-174 Governmen	JCC	□ oit No. 2		•

Admitted _____

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Paycheck Protection Program Borrower Application Form

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was
 for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- **Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.**
- The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Eric Ryan Shibley Date: 2020.04.15 19:08:46 -07'00'	04/20/2020
Signature of Authorized Representative of Applicant	Date
Eric R Shibley	04/20/2020
Print Name	Title

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Paycheck Protection Program Borrower Application Form

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See. 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

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Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

W Janka	Identification number (EIN)	7	5 0	9	Report (Check o	t for this Quarter of 2020	
	not your trace name) SSI LLC				X 1: Ja	nuary, February, March	
					2: Ap	oril, May, June	1
Trade n	ame (f any)					ily, August. September	
Address	4700 36th Ave SW		Sulfa in room	number	_	ctober, November, December www.irs.gov/Form941 for	
	Seattle	WA	9812			ons and the latest information	4
	City	State	ZIP coo	58			
	Foreign country name	Foreign province/county	Foreign poe	-			
100	separate instructions before you comp	Nete Form 941. Type or p	print within th	e boxes.			
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	ncluding: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Qua	arter 3), or De	ec. 12 (Quarter 4)	1	41	-
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	a second control of the second control of th				. [0.	0
3 F	Federal income tax withheld from way	ges, tips, and other con	npensation		3		
4 1	f no wages, tips, and other compensa	ation are subject to soc	ial security	or Medicare tax	E	Check and go to line 6.	
		Column 1	, F	Column 2	00		
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			The second second		-		
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you are unsure about Pub. 15.	ut whether you Line 12 on this	are a monthly s	schedule depositor or a semiwo	cekly schedule depositor, see section 11 or the prior quarter was less than \$2,500, and you did urter. If line 12 for the prior quarter was less than \$2,500 for your federal tax (shelft). You are a monthly sched
to check one.	incur a \$100,00 line 12 on this i depositor, comp Part 3.	o next-day deposit solution is \$100,000 blete the deposit so	or more, you must provide a record checule below; if you are a semiweek	d of your federal tax lisbility. If you are a monthly schedule depositor, attach Schedule B (Form 941). Go
×	You were a r liability for the	quarter, then go	to Part 3.	irter. Enter your tax liability for each month and to
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		Month 2	41614 . 50	
		Month 3		
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Tell us abo	ut your busine	ss. If a questio	n does NOT apply to your bu	siness, leave it blank.
17 If your busines				Check here, and
enter the final di				
18 If you are a sea	sonal employe	and you don't	have to file a return for every q	quarter of the year Check here.
ant 4: May we sp	eak with your	third-party des	ignee?	
Do you want to	allow an employ	ee, a paid tax pr	eparer, or another person to disc	cuss this return with the IRS? See the instructions
for details.	nee's name and	nhone number		
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				= 1	2 April	May, June
Trade	PARTIE (V ATY)				3: July,	August, September
Addre	4700 36th Ave SW		Suite or room n	Lowber	-	oer, November, December
	Seattle	WA	98126			irs.gov/Form941 for and the latest information.
	Cely	State	ZIP roscie			
	Foreign country name	Foreign province/country	Tonign posts			
ead fi	Answer these questions for this q		r print within the	boxes.		
1	Number of employees who received was		ompensation for	the pay perio	d	
	including: Mar. 12 (Quarter 1), June 12 (Q	uarter 2), Sept. 12 (C	luarter 3), or Dec	2. 12 (Quarter 4	1 1	41
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4	If no wages, tips, and other compensat	ion are subject to se Column 1	ocial security or	Medicare tax Column 2		heck and go to line 6.
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5d 5e 5f 6 7 8 9 110 111	Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—T Total taxes before adjustments. Add lin Current quarter's adjustment for fractic Current quarter's adjustment for sick p Current quarter's adjustments for tips a Total taxes after adjustments. Combine	ax due on unreport as 3, 5e, and 5f ons of cents ay ay lines 6 through 9 t for increasing resea	× 0.009 =ed tips (see instructions)	ructions)	. 5e 5f 6 7 8 9 10	82314 . (
5d 5e 5f 6 7 8 9 110 111 112	Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—Total taxes before adjustments. Add lin Current quarter's adjustment for fractic Current quarter's adjustment for tips a Total taxes after adjustments. Combine Qualified small business payroll tax credit Total taxes after adjustments and credit Total deposits for this quarter, including	as 3, 5e, and 5f as of cents as 3 fer and 5f as 6 ferts as 5 fer and 7 fer increasing reserves. The government appropriate app	od tips (see instructions)	ttach Form 897	. 5e	82314 • 82314
5d 5e 5f 6 7 8 9 110 111 112	Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—Total taxes before adjustments. Add lin Current quarter's adjustment for fractic Current quarter's adjustment for tips a Total taxes after adjustments. Combine Qualified small business payroll tax credit Total taxes after adjustments and credit Total taxes after adjustments and credit taxes af	as 3, 5e, and 5f as of cents as 3 fer and 5f as 6 ferts as 5 fer and 7 fer increasing reserves. The government appropriate app	od tips (see instructions)	ttach Form 897	. 5e	82314 . (82314 . (
5d 5e 5f 6 7	Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—Total taxes before adjustments. Add lin Current quarter's adjustment for fractic Current quarter's adjustment for tips a Total taxes after adjustments. Combine Qualified small business payroll tax credit Total taxes after adjustments and credit Total deposits for this quarter, including	as 3, 5e, and 5f as of cents as 3, 5e, and 5f as of cents ay and group-term life in lines 6 through 9 t for increasing reserves. Subtract line 11 f ag overpayment app 1-X (PR), 944-X, or 944	od tips (see instructions) arch activities. A rom line 10	ttach Form 897	. 5e	82314 • 82314

ame (not your trade name)					Employer identification number (EIN)
STLLC Tell us abo			n 1 mi - 117		7509
100 00 000			x liability for this que		weekly schedule depositor, see section 11
of Pub. 15.	out whether you	are a monuny so	nequie depositor or a	semin	weekly schedule depositor, see section 11
16 Check one:	line 12 on this	O next-day deposit of return is \$100,000 or	obligation during the our more, you must provide	e recor	for the prior quarter was less than \$2,500, and you di arter. If line 12 for the prior quarter was less than \$2,500 of your federal tax lisbility. If you are a monthly sche kly schedule depostor, attach Schedule 8 (Form 941). G
		nonthly schedule quarter, then go to		re qua	arter. Enter your tax liability for each month and t
	Tax liability:	Month 1	27438 •	00	
		Month 2	27438 •	00	
		Month 3	27438 •	00	
	Total liability fo	r quarter	82314 .	20	Total must equal line 12.
	You were a s	emiweekly sched	ule depositor for any	part of	f this quarter, Complete Schedule B (Form 941), nd attach it to Form 941.
art 3: Tell us abo	11,000				siness, leave it blank.
	5 2 2 2 2				
17 If your business	nas closed or y	ou stopped payin	g wages		
enter the final cla	te you paid wage	98 / /	-		
18 If you are a sea	sonal employer	and you don't hav	e to file a return for ex	rery of	uarter of the year
200	Co. Care and Co.	nird-party design			and or one your or our risks
100000000000000000000000000000000000000	Control of the Control				
for details.	now an employe	e, a paid tax prepa	rer, or another person t	o disci	uss this return with the IRS7 See the instructions
Vec Design	se's name and pi	none number		_	
ros. beings	oo a rice to dire b	Total Indition			
Select	a 5-digit Persona	I Identification Nun	nber (PIN) to use when	talking	to the IRS.
rt 5: Sign here.	You MUST com	plete both pages	of Form 941 and SIG	SN it.	
nder panabas of penjury	, I declare that I ha	ve examined this retu	rn, including accompanyin	g sche	dules and statements, and to the best of my knowledge
nd belief, it is true, come	ct, and complete. I	actaration of prepare	r (other than taxpayer) is b	ased or	n all information of which preparer has any knowledge.
V		18		7	name here Eric R Shibley
Sign yo name h		11/		- 10	Print your
		G2			title here Manager
0	ate 4/22	12040			Best daytime phone 2069384291
Paid Preparer Us	e Only				Check if you are self-employed
reparer's name					PTIN
reparer's signature					Date / /
eparer s aignature _					EIN
rm's name (or yours					
rm's name (or yours self-employed)					Phone
im's name (or yours self-employed)			State		Phone ZiP code

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a Control num				
33333 Kind of Stayer	Medicare emp. 945 944	Ignd None apply 50%	VIDOW SOLC FEDERIN BOYL.	third-party sick pay (Check if (opticable)
(Check one) Total number of Forms W-2	d Parablin mor number	1 Wegas, tips, other compensation 53800	2 Recent Income tax withho	d
e Employed Identification number	(EIW) 7509	d Social security Weges 538000	4 Spool vecuity toy methel	5671
f Employer's riame	(5)(3)	5 Hedicano waves and tips 538000	6 Wedness as withheld	1560
SS1 U.C		7 Social security tips	9 Allocated Nos-	
		9	10 Departorn care benefits	
4700 Toth Ave SW Seattle WA 9812		11 Nonqualities plans	12a Deferred compensation	
g Employer's edd assum ZTF by Other ETW used this year	code	12 for bird-party sex pay use only.	tilb.	
15 State Employers SEE	1D pumber 3-433	34 Income tax withheld by hayer of third	I-party sick Day	
WA Lo State wages, tips, etc.	1/Suspelocome tax	18 Luçai Weges, Dos, etc.	19 Local Income Oct	
Employer's carbot person		Employer's faleshore number 206-939-4291	For Official Use Only	
Eric R Shbley Employer's fair number 206-	260-1412	Employer's estal acotess shibleenyc@yahoo.com		
Under penalties of perjury regular and complete.	ethat3 kirve wamhed3) srchun	and accompanying documents, and, to the best of	04/22/	202020
Signeoure -		Title - Manager	Dalle D4/22/	20.000

Form W-3 Transmittal of Wage and Tax

2019

Company of the Compan

Statements

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone, All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable, Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

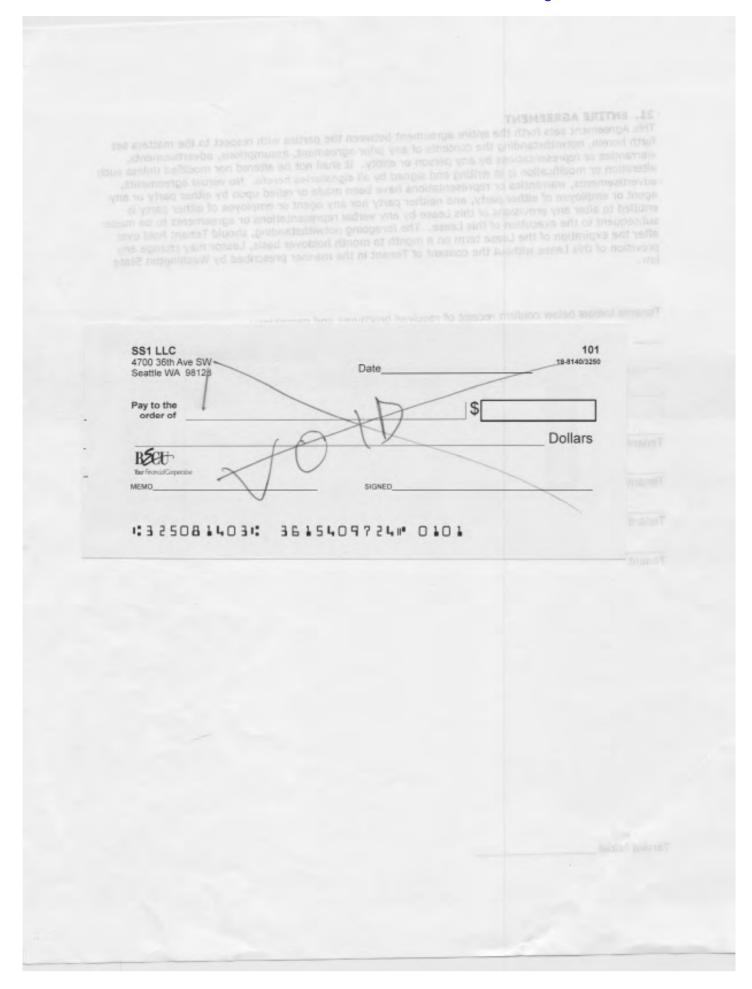
The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free

e-filling options on its Business Services Online (BSO) website.

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted

by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Login."



Case 2:20-cr-00174-JCC Document 137-7 Filed 11/26/21 Page 11 of 79

WAS HINGION

DRIVER LICENSE FEDERAL LIMITS APPLY



4d LIC#
1 SHIBLEY
2 ERIC RYAN

9 CLASS

3 DOB /1978 8 4700 36TH AVE SW SEATTLE WA 98126-2716

4a ISS 12/06/2019

15 SEX M 16 HGT 6'-00" 12 RESTRICTIONS B

18 EYES BRO 17 WGT 190 Ib 9a END NONE 4b EXP 12/10/2025

5 DD WDL67854F15884206193H1225

REV 11/12/2019



				otection Progr Application For		l		OMB Control N Expiration Da		
Check	☐ Independ☐ 501(c)(3)	ent contracto nonprofit	artnership □ C-Corp □ Eligible self-employ □ 501(c)(19) veterans org 11(b)(2)(C) of Small Busin	ved individual ganization	er	1	DBA or Traden	ame if Applicable	•	
		Business	Legal Name							
	SFC LLC									
.=			ss Address				N (EIN, SSN)	Business		
4700 36ti	h Ave SW Seattle WA 98	126				35	80	206) 938-42	91	
						Primary	Contact	Email Ad	dress	
						Eric Shibley		shibley98271@g	mail.con	n
		0= 000			0.4	,000				
Averag	ge Monthly Payroll:	\$ 37,600	x 2.5 + EIDL Advance (if A Equals Loan F	applicable)	\$,000	Number o	f Employees: 6		
Purpos	e of the loan	l.								
(select	more than one):	Payrol	l 🛮 Lease / Mortgage In	terest \(\square\)Utilities		Other (explair	ı):			
List all o	owners of 20% or more	e of the equit	Applicant Ov y of the Applicant. Attach	_	f nec	essary.				
	Owner Name		Title	Ownership %	TI	N (EIN, SSN)		Address		
Eric R S	hibley		Manager	100		5264	4700 36th Ave	SW Seattle WA 9	98126	
<u>If</u>	questions (1) or (2) be	elow are ansv	vered "Yes," the loan wil	l not be approved.						
			Question	ı					Yes	No
1.			ne Applicant presently sus ation in this transaction by							
2.		SBA or any	ne Applicant, or any busin other Federal agency that							
3.			ne Applicant an owner of a							
4.	Has the Applicant rec	eived an SB	A Economic Injury Disast	er Loan between J	anua	ry 31, 2020 ar	nd April 3, 202	20? If yes,		\boxtimes

4.	Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If y provide details on a separate sheet identified as addendum B.	es,	
<u>I</u>	questions (5) or (6) are answered "Yes," the loan will not be approved.		
	Question	Yes	No
5.	Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?		
	Initial here to confirm your response to question $5 \rightarrow \frac{\text{ers}}{}$		
6.	Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?		\boxtimes
	Initial here to confirm your response to question $6 \rightarrow \frac{\text{ers}}{}$		
7.	Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	\boxtimes	
8.	Is the Applicant a franchise that is listed in the SBA's Franchise Directory?		\boxtimes

SBA Form 2483 (04/20)

U.S. v. Shibley CR20-174 JCC Government Exhibit No. 21 Admitted _____



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The au	thorized representative of the Applicant must certify in good faith to all of the b	elow by initialing next to each one:
	The Applicant was in operation on February 15, 2020 and had employees for contractors, as reported on Form(s) 1099-MISC.	r whom it paid salaries and payroll taxes or paid independer
ers	Current economic uncertainty makes this loan request necessary to support	the ongoing operations of the Applicant.
ers		
	The funds will be used to retain workers and maintain payroll or make mortg as specified under the Paycheck Protection Program Rule; I understand that the federal government may hold me legally liable, such as for charges of fi	if the funds are knowingly used for unauthorized purposes
ers		
	The Applicant will provide to the Lender documentation verifying the nu- payroll as well as the dollar amounts of payroll costs, covered mortgage into for the eight-week period following this loan.	
ers		
	I understand that loan forgiveness will be provided for the sum of docur covered rent payments, and covered utilities, and not more than 25% of the	
ers	covered tent payments, and covered diffices, and not more than 25% of the	forgiven amount may be for non-payron costs.
	During the period beginning on February 15, 2020 and ending on December loan under the Paycheck Protection Program.	31, 2020, the Applicant has not and will not receive another
ers	I further certify that the information provided in this application and the forms is true and accurate in all material respects. I understand that know from SBA is punishable under the law, including under 18 USC 1001 and 3 fine of up to \$250,000; under 15 USC 645 by imprisonment of not more the submitted to a federally insured institution, under 18 USC 1014 by imprisonment has \$1,000,000.	ingly making a false statement to obtain a guaranteed loan 8571 by imprisonment of not more than five years and/or a an two years and/or a fine of not more than \$5,000; and, if
	I acknowledge that the lender will confirm the eligible loan amoun acknowledge and agree that the Lender can share any tax information tha including authorized representatives of the SBA Office of Inspector G Program Requirements and all SBA reviews.	t I have provided with SBA's authorized representatives,
	ature of Authorized Representative of Applicant	Date
Eric F	R Shibley	Manager
Print 1	Name	Title



Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

<u>Instructions for completing this form:</u>

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

	ary 2020) Department of the 1	reasury - Internal Revenu				
molove	r identification number (EIN)	3	5 8	0	Report for (Check one.)	this Quarter of 2020
	not your trade name) SFC LLC				# 1: Januar	y, February, March
vame (not your basic name)				2: April, N	fay, June
Trade r	name (if any)				3: July, A	ugust, September
Address	4700 36th Ave SW		B 01 (1) bear 8	-		er, November, December
	Number Street	I NA	98126		Go to www.in instructions a	s.gov/Form941 for and the latest information.
	Seattle	WA	ZIP code			
	Foreign country name	Foreign province/county	Fareign postal	code		
ad th	e separate instructions before you comple	te Form 941. Type or i	print within the	boxes.		
art 1:	Answer these questions for this q	uarter.				
1 !	Number of employees who received was including: Mar. 12 (Quarter 1), June 12 (Q	ges, tips, or other con warter 2), Sept. 12 (Qu	arter 3), or Dec	the pay period : 12 (Quarter 4)	1	6
			20,00-21		-	75200 • 00
2	Wages, tips, and other compensation				2	75240 0
3	Federal income tax withheld from wage	s, tips, and other cor	mpensation .		3	0 . 00
					80	
5a	Taxable social security wages	75200 • 00	× 0.124 =	9324	00	
	Taxable social security wages	75200 • 00	× 0.124 = × 0.124 =	9324		
5b		75200 • 00 • 75200 • 00	× 0,124 =	2180		
5b 5c 5d	Taxable social security tips		× 0,124 =			
5b 5c 5d	Taxable social security tips	75200 . 00	× 0.124 = × 0.029 =			11505 • 60
5b 5c 5d 5e	Taxable social security tips Taxable Medicare wages & tips Taxable wages & tips subject to Additional Medicare Tax withholding	75200 • 00	× 0,124 =	2180	. 80	
5b 5c 5d 5e	Taxable social security tips	75200 . 00	× 0,124 =	2180	. 80 . 5e	
5b 5c 5d 5e 5f	Taxable social security tips Taxable Medicare wages & tips Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—1	75200 . 00	× 0,124 =	2180	. 80 . 5e	
5b 5c 5d 5e 5f 6 7	Taxable social security tips Taxable Medicare wages & tips Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—T Total taxes before adjustments. Add line	75200 . 00	× 0,124 = × 0.029 = × 0.009 = d tips (see inst	2180	. 80 . 5e	11505 . 60
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				_	Employer identification nun	ober (EIN)
e (not your trade name)					Employer Identification num	1580
SLLC				27.70		5,500
12 Tell us abou	t your deposit	t schedule and	tax liability for this qu	uarter.	It is to the demonstray no	o raction 11
	ut whether you	are a monthly s	schedule depositor or	a semiv	reekly schedule depositor, se	e section 11
Pub. 15. 16 Check one:	line 12 on this depositor, come Part 3.	onext-day deposit return is \$100,000 plete the deposit so	or more, you must provid shedule below; if you are a	e a recor semiwee	or the prior quarter was less that arter. If line 12 for the prior quarter d of your federal tax liability. If you kly schedule depositor, attach Schi-	u are a monthly schedu edule B (Form 941), Go
	You were a r liability for the	monthly schedu quarter, then go	le depositor for the er to Part 3.	ntire qui	erter. Enter your tax liability for	r each month and tot
	Tax liability:	Month 1	5752	80		
		Month 2	5752	. 80		
		Month 3	0	• 00		
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	You were a s Report of Tax	semiweekly sch Liability for Sen	edule depositor for an inveekly Schedule Depo	y part o	of this quarter. Complete Sche and attach it to Form 941.	edule B (Form 941),
art 3: Tell us abou					usiness, leave it blank.	
			have to file a return fo	r every	quarter of the year	Check here.
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VV-3 Transmittal of Wage and Tax Statemen

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one Paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The iRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- . W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- . File Upload. Upload wage files to the SSA you have created using psyroll or lax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2020. For more information, go to www.SSA.gow/bso. First time filers, select "Register", returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration **Direct Operations Center** Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E). Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10159Y

WASHING TON

DRIVER LICENSE FEDERAL LIMITS APPLY



4d LIC#
1 SHIBLEY
2 ERIC RYAN

9 CLASS

3 DOB /1978

4a ISS 12/06/2019

8 4700 36TH AVE SW SEATTLE WA 98126-2716

> 15 SEX M 16 HGT 6'-00" 12 RESTRICTIONS B

18 EYES BRO 17 WGT 190 lb 9a END NONE 4b EXP 12/10/2025

5 DD WDL67854F158R4206193H1225

REV 11/12/2019



WINISTER CO.					Expiratio	n Date: 09/30/2020		
Check One:	☐ Independ☐ 501(c)(3)	ent contractor	☐ C-Corp ☐ S-Corp ☐ LLC ible self-employed individual 19) veterans organization c) of Small Business Act) ☐ Oth		DB	A or Trader	name if Applica	able
		Business Legal Nar	ne					
		ES1 LLC Business Address	1		Business TIN (EIN. SSN)	Busine	ess Phone
	4	1700 36th Ave				5849	2069384	
					Primary C	ontact	Email	Address
					Eric SHi	bley	ers98126	@gmail.com
Average Month	ly Payroll:	^s 40000	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	^{\$} 1	00000	Number o	of Employees:	5
Purpose of the l	oan							
(select more that	n one):	■Payroll ■Leas	e / Mortgage Interest	es 🔳	Other (explain):	employee	benefits	
List all owners o	f 20% or more	of the equity of the A	Applicant Ownership pplicant. Attach a separate sheet	if nec	essary.			

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric R Shibley	Manager	100	-526	4700 36th Ave SW Seattle W

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

	Question	Yes	No
1.	Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?		
2.	Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?		■
3.	Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.		
4.	Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.		
<u>I</u>	questions (5) or (6) are answered "Yes," the loan will not be approved.		
	Question Yes	No	
5.	Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?		
	Initial here to confirm your response to question $5 \rightarrow \frac{\text{ers}}{}$		
6.	Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?]
	Initial here to confirm your response to question $6 \rightarrow ers$		
7.	Is the United States the principal place of residence for all employees of the Applicant included in the	_	7
,.	Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	L	_
8.	Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	•	

U.S. v. Shibley CR20-174 JCC Government Exhibit No. 22 Admitted _____

OMB Control No.: 3245-0407



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The author	orized representative of the Applicant must certify in good faith to all of the below by initialing next to each one:
ers	The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
ers	Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
ers	The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
ers	The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
ers	I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
ers	During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
ers	I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
ers	I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Eric Ryan Shibley Digitally signed by Eric Ryan Shibley Date: 2020.04.15 19:08:46 -07'00'	04/15/2020
Signature of Authorized Representative of Applicant	Date
Eric R Shibley	04/15/2020
Print Name	Title



Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

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Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Emple	yer identification number (EM)		5 8 4	9	Report for	or this Quarter of 2020
Nam	e (not your trade name) ES1 LLC					ary, February, March
				= 1		May, June
Trad	e name (if any)					August, September
Addre	4700 36th Ave SW					
Pidali	Number Street	100	Suite or room r	umber		ber, November, December irs.gov/Form941 for
	Seattle	WA	98126			and the latest information.
	City	State	Z3P code			
	Foreign country name	Foreign province/county	Foreign posts	sode		
ead t	he separate instructions before you comp	olete Form 941. Type o	or print within the	boxes.		
art '	Answer these questions for this	quarter.				
1	Number of employees who received w				THE CO. P. L.	
	including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (0	Quarter 3), or Dec	. 12 (Quarter 4	1	5
2	Wages, tips, and other compensation			****	2	76600 • 0
3	Federal income tax withheld from was	jes, tips, and other o	ompensation .	2.7.5.3	. 3	0 .
5a	Taxable social security wages	76600 •	× 0.124 =	9498	• 40	
	Taxable social security wages	76600 .	× 0.124 = × 0.124 =			
5b			T -			
5b 5c	Taxable social security tips		× 0.124 =	2221		
5b 5c 5d	Taxable social security tips	76600 .	× 0.124 = × 0.029 =	2221	. 40	11719 . 8
	Taxable social security tips	76600 •	× 0.124 = × 0.029 = × 0.009 =	2221	. 40	11719 . 8
5b 5c 5d 5e	Taxable social security tips	76600 • nd 5d Tax due on unreport	× 0.124 = × 0.029 = × 0.009 =	2221	• 40 • 5e	
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5b 5c 5d 5d 5e 5f 6 7 7 8	Taxable social security tips	76600 . 76600 . Tax due on unreportenes 3, 5e, and 5f . Jons of cents	× 0.124 = × 0.029 = × 0.009 = ed tips (see instr	2221	. 40 . 5e . 5f	11719 . 8
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5b 5c 5c 5d 5e 5f 7 3 3 9 0 0	Taxable social security tips	76600 . Tax due on unreport nes 3, 5e, and 5f . ions of cents . pay and group-term life in	× 0.124 =	2221	. 40 . 5e . 5f . 6 . 7 . 8 . 9	11719 • 8
5b 5c 5c 5d 5e 5f 6 7 7 8 9 9 1 1	Taxable social security tips	76600 . Tax due on unreport nes 3, 5e, and 5f . Jons of cents pay and group-term life in e lines 6 through 9 lit for increasing reser	× 0.124 = × 0.029 = × 0.009 = ed tips (see instructions)	2221 uctions)	. 40 . 5e . 5f . 6 . 7 . 8 . 9	11719 • 8
5b 5c 5d 5e 5e 6	Taxable social security tips	76600 . Tax due on unreport nes 3, 5e, and 5f . ions of cents pay in and group-term life in e lines 6 through 9 it for increasing reservities. Subtract line 11 fe	× 0.124 = × 0.029 = × 0.009 = × 0.009 = ed tips (see instruction of the content of the c	2221 uctions) tach Form 8974	. 40 . 5e	11719 • 80
5b 5c 5d 5e 5f 6 7 8 8 9 0 11 2	Taxable social security tips	76600 . Tax due on unreport nes 3, 5e, and 5f . ions of cents pay and group-term life in e lines 6 through 9 lit for increasing reser lits. Subtract line 11 fr ling overpayment app 11-X (PR), 944-X, or 944	× 0.124 = × 0.029 = × 0.009 = × 0.009 = ed tips (see instruction of the content of the c	2221 uctions) tach Form 8974 or quarter and current quarter	. 40 . 5e	11719 • 80

						The second second second second	And the second s	0574
ne (not your trade name)						Employer id	sentification number (EIN)	
I LLC							5849	-
rt 2: Tell us abou	ıt your deposi	t schedule a	ind tax liability	for this qua	arter.			
you are unsure about Pub. 15.							depositor, see section 11	
16 Check one:	incur a \$100,0	00 next-day de	posit obligation d	uring the cur	n reco	arter. If line 12 for t	er was less than \$2,500, and yo the prior quarter was less than \$2 ax liability. If you are a monthly itor, attach Schedula 8 (Form 94	scheduk
×	You were a liability for the	monthly school quarter, the	edule depositor n go to Part 3.	for the ent	ire qu	arter. Enter your	tax liability for each month a	nd tota
	Tax liability:	Month 1		5859 .	90			
		Month 2		5859 •	90			
		Month 3		0.	00			
	Total liability f	or quarter		11719 .	80	Total must equi	al line 12.	
	You were a Report of Tax	semiweekly x Liability for 3	schedule depos Semiweekly Sche	itor for any	part i	of this quarter. Co	Complete Schedule B (Form 9 rm 941.	141),
art 3: Tell us abou	100		Contract Con	-	-	usiness, leave it	(Carlos and Carlos and	
							Check here,	and
17 If your business enter the final da			/ .					
enter the final da 18 If you are a sea art 4: May we spo Do you want to a	ite you paid was sonal employe eak with your	ges / er and you do third-party	/				ar Check here.	ins
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Constinuer	identification number (EIN)		5 8	4	9	Report fo	or this Quarter of 2020	
	ESTITC					200	ary, February, March	
Name (n	of your trade name) EST LEC				51 1	2: April,	May, June	
Trade no	serie (if arry)			_	- 1	3: July,	August, September	
Address	4700 36th Ave SW						ber, November, December	
	Number Street			98126		Go to www. instructions	irs.gov/Form941 for and the latest information.	
	Seattle		A	ZIP code				_
	City City							
	Foreign country name	Foreign province/cou	erty F	oreign postal co	de			
ead the	separate instructions before you comple	te Form 941, Typ	e or print v	vithin the bo	oxes.			_
art 1:	Answer these questions for this q	uarter.						
1 N	lumber of employees who received was actuding: Mar. 12 (Quarter 1), June 12 (Q	es, tips, or othe uarter 2). Sept. 12	r compens 2 (Quarter	ation for th 3), or Dec. 1	ie pay period 2 (Quarter 4)	1	5	
	icluding: Mar. 12 (Quarter 1), value is (4	um tot zji ospit i					80000 .	00
2 V	Vages, tips, and other compensation					2	00000	
3 F	ederal income tax withheld from wage	s, tips, and othe	r compen	sation .		3	0.	00
					tedicare tax	П	Check and go to line 6.	
4 H	f no wages, tips, and other compensat	Column 1	o sociai a	actualty of it	Column 2		•	
	Г		7.40	1600	0.000	. 00		
5a T	faxable social security wages	80000 .	$00 \times 0.$	124 =	9920	00		
	Taxable social security wages	80000.		124 =	9920			
5b 1	Taxable social security tips	-	× 0.					
5b 1 5c 1	Taxable social security tips	80000	× 0.	124 = 029 =				
5b 1 5c 1	Taxable social security tips		× 0.	124 =				
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56 1 5d 1	Taxable social security tips	80000 and 5d	× 0.	124 = 029 = 0009 = 0009	2320	5e	4640.	
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me (hot your trade name)						Employer io	sentification	number (EIN) 5849	
rt 2: Tell us abou	ut your deposit	schodule	and tax liabil	lity for this qua	rter.				
you are unsure about						reekly schedule	depositor,	see section 11	
f Pub. 15.									-
16 Check one:	incur a \$100,000	next-day d	eposit obligation	on during the curr	ent qu	arter, if line 12 for to d of your federal to	he prior qua ox liability, If	than \$2,500, and yeter was less than \$5 you are a monthly schedule B (Form 94	schedu
	You were a m liability for the				e qui	arter. Enter your	tax liability	for each month a	nd to
	Tax liability:	Month 1							
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		Month 3							
	Total liability for	r quarter		4640.	00	Total must equa	al line 12.		
	You were a se Report of Tax	emiweekty Liability for	schedule de Semiweekly S	positor for any Schedule Deposit	ors, a	of this quarter. Co	omplete Som 941.	chedule B (Form 9	41),
Tell us abou	ut your busines	s. If a que	stion does N	OT apply to yo	ur bu	siness, leave It	blank.		
Maria .						-		Check here.	000
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943 944 Medicare govit, emp.	Kind of State/local non-501c State/lo	on-govt. Third-party sick pay (Check if applicable)
blighment number		2 Federal income tax withheld
	3 Social security wages 459600	4 Social security tax withheld 56990.04
	5 Medicare wages and tips 459300	6 Medicare tax withheld 13328.40
	7 Social security tips	B Allocated Sps.
	9	10 Dependent care benefits
16	11 Nonqualified plans	12a Deferred compensation
	13 For third-party sick pay use only	120
0109	14 Income tax withheld by payer of third-party a	ick pay
te income tax	18 Local wages, tips, etc.	19 Local income tax
	Employer's telephone number 208-938-4291	For Official Use Only
	Employer's email address	
	shibleenyo@yahoo.com	
eve examined this return and	accompanying documents, and, to the best of my Title > Manager	knowledge and belief, they are true, correct, at Date > 04/22/202020
	Medicare gov. emp. bishment number 16 0109 te income tax	Medicare gov, emp. Check one Check one

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2. Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- . W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

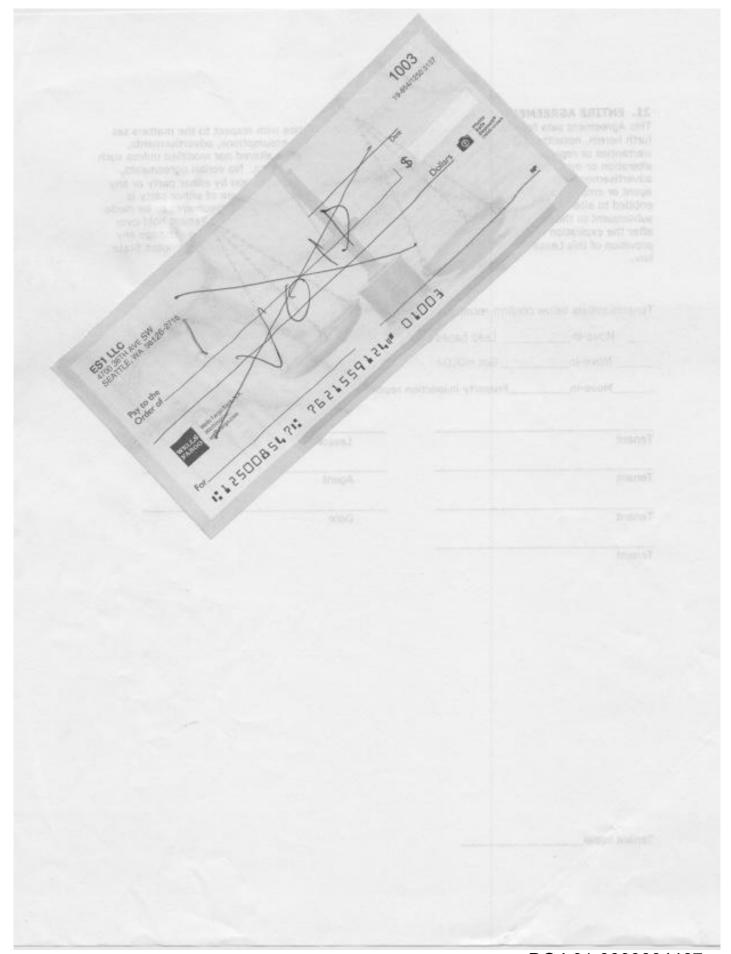
Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration **Direct Operations Center** Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



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Date of Note: May 11, 2020

PROMISSORY NOTE

					Call / Coll	Account	Officer Initials
1	\$100,000.00	05-11-2020	05-01-2022	0801923947	4A / US		***
	References in the	boxes above are	for Lender's use o	only and do not limit the	e applicability of this	document to any partic	cular loan or item.

Any item above containing "***" has been omitted due to text length limitations.

Borrower: ES1 LLC

4700 36TH AVE SW SEATTLE, WA 98126 Lender: TCF National Bank SBA PPP - 6582 2508 South Louise Ave Sioux Falls, SD 57106

Principal Amount: \$100,000.00 Interest Rate: 1.000%

PROMISE TO PAY. ES1 LLC ("Borrower") promises to pay to TCF National Bank ("Lender"), or order, in lawful money of the United States of America, the principal amount of One Hundred Thousand & 00/100 Dollars (\$100,000.00), together with interest on the unpaid principal balance from May 11, 2020, calculated as described in the "INTEREST CALCULATION METHOD" paragraph using an interest rate of 1.000% per annum, until paid in full. The interest rate may change under the terms and conditions of the "INTEREST AFTER DEFAULT" section.

PAYMENT. Borrower will pay this loan in 18 payments of \$5,626.12 each payment. Borrower's first payment is due December 1, 2020, and all subsequent payments are due on the same day of each month after that. Borrower's final payment will be due on May 1, 2022, and will be for all principal and all accrued interest not yet paid. Payments include principal and interest. Unless otherwise agreed or required by applicable law, payments will be applied to . Borrower will pay Lender at Lender's address shown above or at such other place as Lender may designate in writing.

INTEREST CALCULATION METHOD. Interest on this Note is computed on a 365/365 simple interest basis; that is, by applying the ratio of the interest rate over the number of days in a year (366 during leap years), multiplied by the outstanding principal balance, multiplied by the actual number of days the principal balance is outstanding. All interest payable under this Note is computed using this method.

LOAN FEES AND INTEREST.

Notwithstanding anything otherwise set forth in this Note, the interest rate on the loan evidenced by this Note shall at all times be 1.000% per annum, and Borrower shall not be charged (or have any liability for) any fees prohibited under the Paycheck Protection Program authorized by the Coronavirus Aid, Relief and Economic Security (CARES) Act, including without limitation any late charge or dishonored item fee. The terms of this Note providing for a late charge, increased interest rate after default and a dishonored item fee are hereby expressly and permanently waived.

PREPAYMENT. Borrower may pay without penalty all or a portion of the amount owed earlier than it is due. Early payments will not, unless agreed to by Lender in writing, relieve Borrower of Borrower's obligation to continue to make payments under the payment schedule. Rather, early payments will reduce the principal balance due and may result in Borrower's making fewer payments. Borrower agrees not to send Lender payments marked "paid in full", "without recourse", or similar language. If Borrower sends such a payment, Lender may accept it without losing any of Lender's rights under this Note, and Borrower will remain obligated to pay any further amount owed to Lender. All written communications concerning disputed amounts, including any check or other payment instrument that indicates that the payment constitutes "payment in full" of the amount owed or that is tendered with other conditions or all satisfaction of a disputed amount must be mailed or delivered to: TCF National Bank, SBA PPP - 6582, 2508 South Louise Ave, Sioux Falls, SD 57106.

LATE CHARGE. If a payment is 10 days or more late, Borrower will be charged 5.000% of the regularly scheduled payment.

INTEREST AFTER DEFAULT. Upon default, including failure to pay upon final maturity, the interest rate on this Note shall be increased by 2.000 percentage points. If judgment is entered in connection with this Note, interest will continue to accrue after the date of judgment at the rate in effect at the time judgment is entered. However, in no event will the interest rate exceed the maximum interest rate limitations under applicable law

DEFAULT. Each of the following shall constitute an event of default ("Event of Default") under this Note

Payment Default. Borrower fails to make any payment when due under this Note

Other Defaults. Borrower fails to comply with or to perform any other term, obligation, covenant or condition contained in this Note or in any of the related documents or to comply with or to perform any term, obligation, covenant or condition contained in any other agreement between Lender and Borrower.

False Statements. Any warranty, representation or statement made or furnished to Lender by Borrower or on Borrower's behalf under this Note or the related documents is false or misleading in any material respect, either now or at the time made or furnished or becomes false or misleading at any time thereafter.

Death of **Insolvency**. The dissolution of Borrower (regardless of whether election to continue is made), any member withdraws from Borrower, or any other termination of Borrower's existence as a going business or the death of any member, the insolvency of Borrower, the appointment of a receiver for any part of Borrower's property, any assignment for the benefit of creditors, any type of creditor workout, or the commencement of any proceeding under any bankruptcy or insolvency laws by or against Borrower.

Creditor or Forfeiture Proceedings. Commencement of foreclosure or forfeiture proceedings, whether by judicial proceeding, self-help, repossession or any other method, by any creditor of Borrower or by any governmental agency against any collateral securing the loan. This includes a garnishment of any of Borrower's accounts, including deposit accounts, with Lender. However, this Event of Default shall not apply if there is a good faith dispute by Borrower as to the validity or reasonableness of the claim which is the basis of the creditor or forfeiture proceeding and if Borrower gives Lender written notice of the creditor or forfeiture proceeding and deposits with Lender monies or a surety bond for the creditor or forfeiture proceeding, in an amount determined by Lender, in its sole discretion, as being an adequate reserve or bond for the dispute.

Events Affecting Guarantor. Any of the preceding events occurs with respect to any guarantor, endorser, surety, or accommodation party of any of the indebtedness or any guarantor, endorser, surety, or accommodation party dies or becomes incompetent, or revokes or disputes the validity of, or liability under, any guaranty of the indebtedness evidenced by this Note.

Adverse Change. A material adverse change occurs in Borrower's financial condition, or Lender believes the prospect of payment or performance of this Note is impaired.

LENDER'S RIGHTS. Upon default, Lender may declare the entire unpaid principal balance under this Note and all accrued unpaid interest immediately due, and then Borrower will pay that amount.

ATTORNEYS' FEES; EXPENSES. Lender may hire or pay someone else to help collect this Note if Borrower does not pay. Borrower will pay Lender that amount. This includes, subject to any limits under applicable law, Lender's attorneys' fees and Lender's legal expenses, whether or not there is a lawsuit, including attorneys' fees, expenses for bankruptcy proceedings (including efforts to modify or vacate any automatic stay or injunction), and appeals. If not prohibited by applicable law, Borrower also will pay any court costs, in addition to all other sums provided by law.

GOVERNING LAW. This Note will be governed by federal law applicable to Lender and, to the extent not preempted by federal law, the laws of the State of Washington without regard to its conflicts of law provisions. This Note has been accepted by Lender in the State of Washington.

CHOICE OF VENUE. If there is a lawsuit, Borrower agrees upon Lender's request to submit to the jurisdiction of the courts of Oakland County, State of Michigan.

RIGHT OF SETOFF. To the extent permitted by applicable law, Lender reserves a right of setoff in all Borrower's accounts with Lender (whether checking, savings, or some other account). This includes all accounts Borrower holds jointly with someone else and all accounts Borrower may open in the future. However, this does not include any IRA or Keogh accounts, or any trust accounts for which setoff would be prohibited by law. Borrower authorizes Lender, to the extent permitted by applicable law, to charge or setoff all sums owing on the debt against any and all such accounts.

SBA PROVISION. When SBA is the holder, this Note will be interpreted and enforced under federal law, including SBA regulations. Lender or SBA may use state or local procedures for filing papers, recording documents, giving notice, foreclosing liens, and other purposes. By using such procedures, SBA does not waive any federal immunity from state or local control, penalty, tax, or liability. As to this Note, Borrower may not claim or assert against SBA any local or state law to deny any obligation, defeat any claim of SBA, or preempt federal law.

REPRESENTATIONS, AUTHORIZATIONS AND CERTIFICATIONS. Borrower hereby certifies that: (a) Borrower has read the statements included in the online credit application for the loan evidenced by this Note, including the Statements Required by Law and Executive Orders, and Borrower understands them; (b) Borrower is eligible to receive a loan under the rules in effect at the time of application that had been issued by

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PROMISSORY NOTE Loan No: 0801923947 (Continued)

Page 2

the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the "Paycheck Protection Program Rule"); (c) Borrower (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Borrower's industry; (d) Borrower will comply, whenever applicable, with the civil rights and other limitations in the application form; (e) all SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule; (f) to the extent feasible, Borrower will purchase only American-made equipment and products; (g) Borrower is not engaged in any activity that is illegal under federal, state or local law; (h) any loan received by Borrower under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses of loans under the Paycheck Protection Program Rule; and (i) current economic uncertainty makes this loan necessary to support the ongoing operations of Borrower, and Borrower is making this certification in good faith, taking into account its current business activity and ability to access other sources of liquidity sufficient to support ongoing operations in a manner that is not significantly detrimental to Borrower's business. For Borrowers who are individuals: Borrower authorizes the SBA to request criminal record information about Borrower from criminal justice agencies for the purpose of determining eligibility for programs authorized by the Small Business Act, as amended.

SUCCESSOR INTERESTS. The terms of this Note shall be binding upon Borrower, and upon Borrower's heirs, personal representatives, successors and assigns, and shall inure to the benefit of Lender and its successors and assigns.

ELECTRONIC SIGNATURE

This Note may be signed and delivered electronically using an electronic signature platform or other electronic means approved by Lender, and such electronically signed version shall be valid and enforceable as an original and admissible as such in any court or other proceeding; provided that if there shall simultaneously exist both a "paper out" printed version and an electronic version of this Note, then the "paper out" printed version of this Note bearing the legend "Original" applied and signed on behalf of Lender shall constitute the sole original and authoritative version.

GENERAL PROVISIONS. If any part of this Note cannot be enforced, this fact will not affect the rest of the Note. Lender may delay or forgo enforcing any of its rights or remedies under this Note without losing them. Borrower and any other person who signs, guarantees or endorses this Note, to the extent allowed by law, waive presentment, demand for payment, and notice of dishonor. Upon any change in the terms of this Note, and unless otherwise expressly stated in writing, no party who signs this Note, whether as maker, guarantor, accommodation maker or endorser, shall be released from liability. All such parties agree that Lender may renew or extend (repeatedly and for any length of time) this loan or release any party or guarantor or collateral; or impair, fail to realize upon or perfect Lender's security interest in the collateral; and take any other action deemed necessary by Lender without the consent of or notice to anyone. All such parties also agree that Lender may modify this loan without the consent of or notice to anyone other than the party with whom the modification is made. The obligations under this Note are ionit and several

PRIOR TO SIGNING THIS NOTE, BORROWER READ AND UNDERSTOOD ALL THE PROVISIONS OF THIS NOTE. BORROWER AGREES TO THE TERMS OF THE NOTE.

BORROWER ACKNOWLEDGES RECEIPT OF A COMPLETED COPY OF THIS PROMISSORY NOTE.

BORROWER:

ES1 LCC DocuSigned by:

Eric Shibley

ERIC SHIBLEY, Authorized Signer of ES1 LLC

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Paycheck Protection Program

		Paycheck Protection Program Borrower Application Form			OMB Control No.: 3245-040 Expiration Date: 09/30/202				
Check One:	☐ Independent contractor ☐ Eligible self-employed individual ☐ 501(c)(3) nonprofit ☐ 501(c)(19) veterans organization ☐ Tribal business (sec. 31(b)(2)(C) of Small Business Act) ☐ Other				DBA or Tradename if Applicable				
		Business Legal Nar							
		Eric R Shibley MD F							
		Business Address			Business TIN (EIN, SSN)		Business Phone		
4700 36th Ave SW					9052		2069384291		
					Primary Co	ontact	Email	Address	
					Eric SHi	bley	shibleymedic	al@outlook.com	
Average Monthl	y Payroll:	s 40000	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	^{\$} 1	00000	Number o	of Employees:	5	
Purpose of the lo	an								
(select more than	n one):	■Payroll ■Leas	e / Mortgage Interest	s 🔳	Other (explain):	employee	benefits		
Applicant Ownership List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.									

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric R Shibley	Manager	100	-526	4700 36th Ave SW Seattle W

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

	Question		Yes	No
1.	Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in a bankruptcy?			
2.	Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	or		■
3.	Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	her		
4.	Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.			
<u>If</u>	questions (5) or (6) are answered "Yes," the loan will not be approved.			
	Question Y	es	No	
5.	Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?		•]
	Initial here to confirm your response to question $5 \rightarrow \frac{\text{ers}}{}$			
6.	Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → ers]
	, i i i i i i i i i i i i i i i i i i i			
7.	Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?]
8.	Is the Applicant a franchise that is listed in the SBA's Franchise Directory?		■]

U.S. v. Shibley CR20-174 JCC Government Exhibit No. 23 Admitted _____



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The author	orized representative of the Applicant must certify in good faith to all of the below by initialing next to each one:
ers	The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
ers	Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
ers	The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
ers	The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
ers	I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
ers	During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
ers	I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
ers	I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Eric Ryan Shibley Date: 2020.04.15 19:08:46 -07'00'	04/15/2020		
Signature of Authorized Representative of Applicant	Date		
Eric R Shibley	04/15/2020		
Print Name	Title		



Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

Case 2:20-cr-00174-JCC Document 137-7 Filed 11/26/21 Page 35 of 79



Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

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mployer	identification number (EIN)		9	0 5	2	Report for (Check one.)	this Quarter of 2020
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ddress	4700 36th Ave SW					4: Octob	er, November, December
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16 Check one:	in in de	cur a \$100,000	next-day depo	sit obligation	during the our must provide	rrent qu	for the prior quarter was less than \$2,500, and you did uarter. If line 12 for the prior quarter was less than \$2,500 to rd of your federal tax liability. If you are a monthly sched eldy schedule depositor, attach Schedule B (Form 941). Go
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Eric R Shibley MD PLLC		7 Social security tips	8 Allocated tips
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4700 36th Ave SW Seattle WA 98126	3-2716	11 Nonqualified plans	12a Deferred compensation
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Employer's contact person Eric R Shibley		Employer's telephone number 206-938-4291	For Official Use Only
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Under penalties of perjugy Psylops that complete.	t I have examined this return ar	nd accompanying documents, and, to the best of my	y knowledge and belief, they are true, correct, an Date > 04/24/202020
Signature > W-3 Transmitt	al of Wage and	Tax Statements 201	Citie P

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN), Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records, The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- . File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

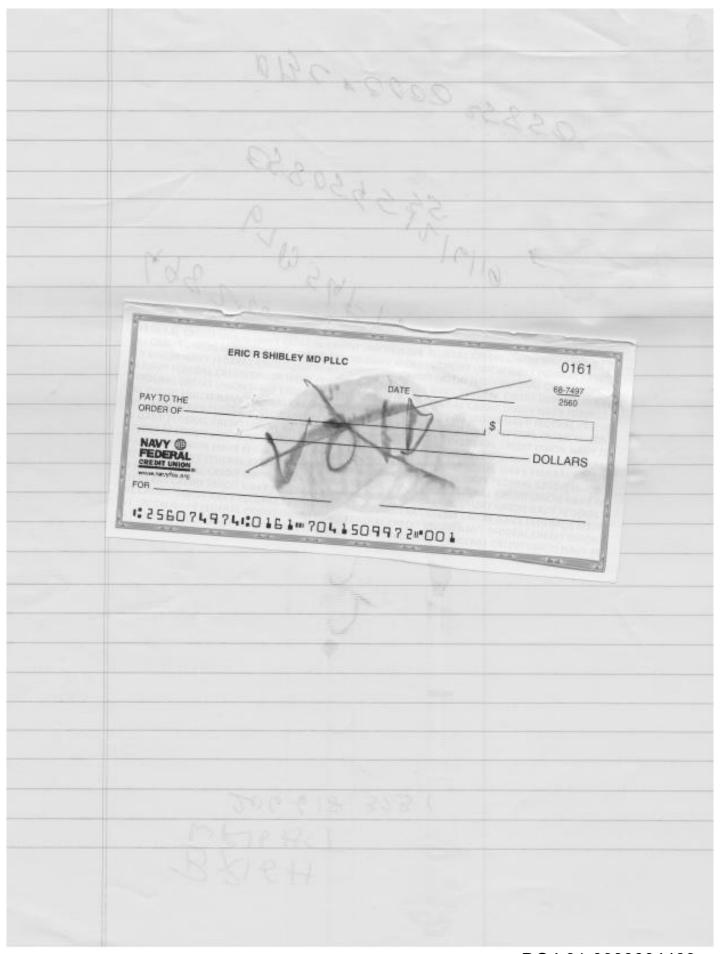
Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration **Direct Operations Center** Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



WAWASHINGTON

DRIVER LICENSE FEDERAL LIMITS APPLY



4d LIC# 1SHIBLEY 9CLASS

ZERIC RYAN

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SEATTLE WA 98126-2716

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12 RESTRICTIONS

18 EYES BRO 17 WGT 190 lb

9a END NONE

46 EXP 12/10/2025

4a ISS 12/06/2019

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PROMISSORY NOTE

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References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item.

Any item above containing "***" has been omitted due to text length limitations.

Borrower: ERIC R SHIBLEY MD PLLC

4700 36TH AVE SW SEATTLE, WA 98126 Lender: TCF National Bank SBA PPP - 6582

2508 South Louise Ave Sioux Falls, SD 57106

Principal Amount: \$100,000.00 Interest Rate: 1.000% Date of Note: May 7, 2020

PROMISE TO PAY. ERIC R SHIBLEY MD PLLC ("Borrower") promises to pay to TCF National Bank ("Lender"), or order, in lawful money of the United States of America, the principal amount of One Hundred Thousand & 00/100 Dollars (\$100,000.00), together with interest on the unpaid principal balance from May 7, 2020, calculated as described in the "INTEREST CALCULATION METHOD" paragraph using an interest rate of 1.000% per annum, until paid in full. The interest rate may change under the terms and conditions of the "INTEREST AFTER DEFAULT" section.

PAYMENT. Borrower will pay this loan in 18 payments of \$5,626.73 each payment. Borrower's first payment is due December 1, 2020, and all subsequent payments are due on the same day of each month after that. Borrower's final payment will be due on May 1, 2022, and will be for all principal and all accrued interest not yet paid. Payments include principal and interest. Unless otherwise agreed or required by applicable law, payments will be applied to . Borrower will pay Lender at Lender's address shown above or at such other place as Lender may designate in writing.

INTEREST CALCULATION METHOD. Interest on this Note is computed on a 365/365 simple interest basis; that is, by applying the ratio of the interest rate over the number of days in a year (366 during leap years), multiplied by the outstanding principal balance, multiplied by the actual number of days the principal balance is outstanding. All interest payable under this Note is computed using this method.

LOAN FEES AND INTEREST.

Notwithstanding anything otherwise set forth in this Note, the interest rate on the loan evidenced by this Note shall at all times be 1.000% per annum, and Borrower shall not be charged (or have any liability for) any fees prohibited under the Paycheck Protection Program authorized by the Coronavirus Aid, Relief and Economic Security (CARES) Act, including without limitation any late charge or dishonored item fee. The terms of this Note providing for a late charge, increased interest rate after default and a dishonored item fee are hereby expressly and permanently waived.

PREPAYMENT. Borrower may pay without penalty all or a portion of the amount owed earlier than it is due. Early payments will not, unless agreed to by Lender in writing, relieve Borrower of Borrower's obligation to continue to make payments under the payment schedule. Rather, early payments will reduce the principal balance due and may result in Borrower's making fewer payments. Borrower agrees not to send Lender payments marked "paid in full", "without recourse", or similar language. If Borrower sends such a payment, Lender may accept it without losing any of Lender's rights under this Note, and Borrower will remain obligated to pay any further amount owed to Lender. All written communications concerning disputed amounts, including any check or other payment instrument that indicates that the payment constitutes "payment in full" of the amount owed or that is tendered with other conditions or limitations or as full satisfaction of a disputed amount must be mailed or delivered to: TCF National Bank, SBA PPP - 6582, 2508 South Louise Ave, Sioux Fails, SD 57106.

LATE CHARGE. If a payment is 10 days or more late, Borrower will be charged 5.000% of the regularly scheduled payment.

INTEREST AFTER DEFAULT. Upon default, including failure to pay upon final maturity, the interest rate on this Note shall be increased by 2.000 percentage points. If judgment is entered in connection with this Note, interest will continue to accrue after the date of judgment at the rate in effect at the time judgment is entered. However, in no event will the interest rate exceed the maximum interest rate limitations under applicable law.

DEFAULT. Each of the following shall constitute an event of default ("Event of Default") under this Note:

Payment Default. Borrower fails to make any payment when due under this Note.

Other Defaults. Borrower fails to comply with or to perform any other term, obligation, covenant or condition contained in this Note or in any of the related documents or to comply with or to perform any term, obligation, covenant or condition contained in any other agreement between Lender and Borrower.

False Statements. Any warranty, representation or statement made or furnished to Lender by Borrower or on Borrower's behalf under this Note or the related documents is false or misleading in any material respect, either now or at the time made or furnished or becomes false or misleading at any time thereafter.

Death or Insolvency. The dissolution of Borrower (regardless of whether election to continue is made), any member withdraws from Borrower, or any other termination of Borrower's existence as a going business or the death of any member, the insolvency of Borrower, the appointment of a receiver for any part of Borrower's property, any assignment for the benefit of creditors, any type of creditor workout, or the commencement of any proceeding under any bankruptcy or insolvency laws by or against Borrower.

Creditor or Forfeiture Proceedings. Commencement of foreclosure or forfeiture proceedings, whether by judicial proceeding, self-help, repossession or any other method, by any creditor of Borrower or by any governmental agency against any collateral securing the loan. This includes a garnishment of any of Borrower's accounts, including deposit accounts, with Lender. However, this Event of Default shall not apply if there is a good faith dispute by Borrower as to the validity or reasonableness of the claim which is the basis of the creditor or forfeiture proceeding and if Borrower gives Lender written notice of the creditor or forfeiture proceeding and deposits with Lender monies or a surety bond for the creditor or forfeiture proceeding, in an amount determined by Lender, in its sole discretion, as being an adequate reserve or bond for the dispute.

Events Affecting Guarantor. Any of the preceding events occurs with respect to any guarantor, endorser, surety, or accommodation party of any of the indebtedness or any guarantor, endorser, surety, or accommodation party dies or becomes incompetent, or revokes or disputes the validity of, or liability under, any guaranty of the indebtedness evidenced by this Note.

Adverse Change. A material adverse change occurs in Borrower's financial condition, or Lender believes the prospect of payment or performance of this Note is impaired.

LENDER'S RIGHTS. Upon default, Lender may declare the entire unpaid principal balance under this Note and all accrued unpaid interest immediately due, and then Borrower will pay that amount.

ATTORNEYS' FEES; EXPENSES. Lender may hire or pay someone else to help collect this Note if Borrower does not pay. Borrower will pay

DocuSign Envelope ID: F66335B3-1E57-4A61-AC20-E4610A4807CB

THIS IS A COPY

This is a copy view of the Authoritative Copy held by the designated custodian

Page 2

PROMISSORY NOTE (Continued)

Borrower understands them; (b) Borrower is eligible to receive a loan under the rules in effect at the time of application that had been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the "Paycheck Protection Program Rule"); (c) Borrower (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Borrower's industry; (d) Borrower will comply, whenever applicable, with the civil rights and other limitations in the application form; (e) all SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule; (f) to the extent feasible, Borrower will purchase only American-made equipment and products; (g) Borrower is not engaged in any activity that is illegal under federal, state or local law; (h) any loan received by Borrower under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses of loans under the Paycheck Protection Program Rule; and (i) current economic uncertainty makes this loan necessary to support the ongoing operations of Borrower, and Borrower is making this certification in good faith, taking into account its current business activity and ability to access other sources of liquidity sufficient to support ongoing operations in a manner that is not significantly detrimental to Borrower's business. For Borrowers who are individuals: Borrower authorizes the SBA to request criminal record information about Borrower from criminal justice agencies for the purpose of determining eligibility for programs authorized by the Small Business Act, as amended.

SUCCESSOR INTERESTS. The terms of this Note shall be binding upon Borrower, and upon Borrower's heirs, personal representatives, successors and assigns, and shall inure to the benefit of Lender and its successors and assigns.

ELECTRONIC SIGNATURE

Loan No: 0801913245

This Note may be signed and delivered electronically using an electronic signature platform or other electronic means approved by Lender, and such electronically signed version shall be valid and enforceable as an original and admissible as such in any court or other proceeding; provided that if there shall simultaneously exist both a "paper out" printed version and an electronic version of this Note, then the "paper out" printed version of this Note bearing the legend "Original" applied and signed on behalf of Lender shall constitute the sole original and authoritative version.

GENERAL PROVISIONS. If any part of this Note cannot be enforced, this fact will not affect the rest of the Note. Lender may delay or forgo enforcing any of its rights or remedies under this Note without losing them. Borrower and any other person who signs, guarantees or endorses this Note, to the extent allowed by law, waive presentment, demand for payment, and notice of dishonor. Upon any change in the terms of this Note, and unless otherwise expressly stated in writing, no party who signs this Note, whether as maker, guarantor, accommodation maker or endorser, shall be released from liability. All such parties agree that Lender may renew or extend (repeatedly and for any length of time) this loan or release any party or guarantor or collateral; or impair, fail to realize upon or perfect Lender's security interest in the collateral; and take any other action deemed necessary by Lender without the consent of or notice to anyone. All such parties also agree that Lender may modify this loan without the consent of or notice to anyone other than the party with whom the modification is made. The obligations under this Note are joint and several.

PRIOR TO SIGNING THIS NOTE, BORROWER READ AND UNDERSTOOD ALL THE PROVISIONS OF THIS NOTE. BORROWER AGREES TO THE TERMS OF THE NOTE.

BORROWER ACKNOWLEDGES RECEIPT OF A COMPLETED COPY OF THIS PROMISSORY NOTE.

BORROWER:

ERIC R SHIBLEY MD PLLC

DocuSigned by:

ERIC SHIBLEY, Authorized Signer of ERIC R

SHIBLEY MID PLLC

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Paycheck Protection Program Borrower Application Form

OMB Control No.: 3245-0407	
Expiration Date: 09/30/2020	

Checl	ck One: □ Sole proprietor □ Partnership □ C-Corp □ S-Corp ➤ LLC □ Independent contractor □ Eligible self-employed individual □ 501(c)(3) nonprofit □ 501(c)(19) veterans organization □ Tribal business (sec. 31(b)(2)(C) of Small Business Act) □ Other						DBA or Trac	dename	if Applica	able	
		Business Legal Na	me								
SFC LI	LC					p · m	T (ED) CON	<u>. I</u>	ъ .	DI	
4700	36th Ave SW Sea	##10 WA 98126	8			Business TIN 8358			693842	ess Phone	
						Primary Contact				Address	
4700	36th Ave Sw Sea	ttle WA 98126				Eric Shi		sh		8271@gm	ail.d
			ı			LITE SIII	o rey	1			
Avera	ge Monthly Payroll:	\$ 37600	x 2.5 + EIDL, N Advance (if App Equals Loan Re	olicable)	\$ 94	4000	Numbe	r of En	nployees:	6	
Purpo	se of the loan										
(selec	t more than one):	▼Payroll □Leas	se / Mortgage Inter	rest Utilitie	es 🗆	Other (explain	n):				
Are you	an Umpqua Bank Cust	omer? Deposit, Lendin	ng , Investment	Yes	Х	No					
Applica	nt Ownership										
List 100	% of equity ownership	of the applicant. Attac	h a separate sheet	if necessary.							
	Owner Name		Title	Ownership %	o TI	N (EIN, SSN)			Address		
Eric	Shibley	Manage	er	100		5264	4700 36	5th A	ve SW	Seattle	WA 9
<u>1</u>	f questions (1) or (2) be	elow are answered "Ye	s," the loan will n	ot be approved	<u>l.</u>						
			Question							Yes	No
1.		ny owner of the Applica from participation in th								· 🔲	x
2.		ny owner of the Applica SBA or any other Fedo overnment?								r 🗌	X
3.	Is the Applicant or an	ny owner of the Applica all such businesses and	ant an owner of an describe the relati	y other busines onship on a se	ss, or l	nave common sheet identifie	managemer ed as adden	nt with dum A	, any othe	r \square	X
4.		ceived an SBA Econom		Loan between	Janua	ry 31, 2020 ar	nd April 3, 2	2020? 1	f yes,		X
I)	f questions (5) or (6) ar	e answered "Yes," the	loan will not be a	pproved.							
			Question						Yes	No	
5.	to an indictment, crit	an individual) or any ind minal information, arra diction, or presently inc	ignment, or other	means by which	h forn			ject		X]
	Initial here to confirm	m your response to que	stion $5 \rightarrow \boxed{\mathcal{E}_{S}}$								
6.	Within the last 5 year been convicted; 2) p	ars, for any felony, has the leaded guilty; 3) pleaded of parole or probation (the Applicant (if a	n individual) o e; 4) been place	r any o	oretrial diversi				X]
	Initial here to confirm	m your response to que	stion $6 \rightarrow {\cancel{\xi}}$		-						
7.		the principal place of re				cant included	in the		X]
8.	Is the Applicant a fra	anchise that is listed in	the SBA's Franch	ise Directory?						x]
A Form	2483 (04/20)		/. Shibley L74 JCC								

Government Exhibit No. 24 Admitted _____



Paycheck Protection Program Borrower Application Form

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was
 for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The authorized representative of th	ie Applicani musi ceriny	ili good faful to all of the ber	JW by milianing heat to each one.	

<u>ES</u>	The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
ES	Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
DS FC	The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments,

The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.

The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.

I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.

During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.

I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Docusigned by:	5/21/2020
Eric Shibley Signature: 67-Authorized Representative of Applicant	Date
Eric Shibley	Manager
Print Name	Title

ES



Paycheck Protection Program Borrower Application Form

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Required Supporting Documentation*

One of the following:

Form 941 for 2019: Employer's QUARTERLY Federal Tax Return, for all four quarters of 2019,

or

Form 944 for 2019: Employer's ANNUAL Federal Tax Return,

or

For Sole Proprietors or Independent Contractors, one or more of the following:

- 2019 Complete 1040 Tax Returns, if filed (2018 Complete 1040 Tax Returns if 2019 not yet filed
- Income & Expense Statement
- Form 1099-MISC

similar compensation

Payroll

Summary of Borrower's payroll registry on or around February 15th, 2020

Qualified PPP Payroll Expenses Aggregate Annual Payroll Costs in 2019 (a) 451200 Salary, wages, commissions, tips ■ Benefits (i.e., payment for vacation, parental, family, medical or sick leave (b) O Allowance for separation or dismissal (c) O ■ Payment for the provision of employee benefits consisting for group health care 0 coverage, including insurance premiums, and retirement (d) Payment of state and local taxes assessed on compensation of employees (e) 0 If the applicant is an independent contractor or sole proprietor: • Input wages, commissions, income or net earnings from self-employement or 0

Total Qualified Annual Payroll Expense (a+b+c+d+e) or (f):

Less: Compensation paid to employees in excess of \$100,000 # of Employees with annual compensation exceeding \$100,000 in 2019 Combined total annual compensation for the employees noted above Number of Employees times \$100,000 (h X \$100,000) Difference (i-j): (k) Total annual compensation of employees whose principal place of residence is outside of the United States Total Annual Exclusions (k+1):

Annual Allowable Payroll Costs (g-m):
Divide by 12 (n/12):

Average Monthly Payroll (should match page 1 of application)

Note: Summary documentation in support of the above items should be uploaded in support of borrower's identified qualified expenses.

Additional Questions shibley98271@gmail.com Please reenter email address from page 1 of the Application Name of your Banker Eric Shibley Geography of your Banker (check one) Southern CA (San Diego; Orange County; LA) Central & Northern CA Oregon (all except Greater Portland) Greater Portland (including Vancouver) Western & Central WA Eastern WA & Idaho Nevada If you have Deposits with Umpqua Bank, insert Account # If you have a Business Loan with Umpqua Bank, insert Business Loan # If you are an Umpqua Bank investment client, insert Account

*Each lender's underwriting obligation under the PPP is limited to the items above and reviewing the "Paycheck Protection Application Form." Borrowers must submit such documentation as is necessary to establish eligibility such as payroll processor records, payroll tax filings, or Form 1099-MISC, or income and expenses from a sole proprietorship. For borrowers that do not have any such documentation, the borrower must provide other supporting documentation, such as bank records, sufficient to demonstrate the qualifying payroll amount.

(g) 451200

(n) 451200

/ 12 37600

Attacl	hments
Application	
List 100% of equity ownership of the applicant, if	
applicable	01
Addendum A (Question #3 from Page 1 of the	
Application, if applicable)	
Addendum B (Question #4 from Page 1 of the	
Application, if applicable)	
Required Supporting Documentation	
	(choose one of
Form 941 for 2019: Employer's QUARTERLY Federal Tax	the following)
Return, for all four quarters of 2019	
or	1
Form 944 for 2019: Employer's ANNUAL Federal Tax	
Return,	x 0)
or	
For Sole Proprietors or Independent Contractors, one	
or more of the following:	
 2019 Complete 1040 Tax Returns, if filed (2018 	
Complete 1040 Tax Returns if 2019 not yet filed	
Income & Expense Statement	
Form 1099-MISC	
Summary of the Borrower's <i>payroll registry</i> on or	
around February 15 th , 2020 (<i>REQUIRED</i>)	
Summary Documentation in support of other payroll co.	sts including but not limited to (if annlicable):
Benefits (i.e., payment for vacation, parental, family,	sts, meraumy, but not mineca to (if applicable).
medical or sick leave)	
,	
Allowance for separation or dismissal	
Payment for the provision of employee benefits	
consisting for group health care coverage, including	
insurance premiums, and retirement	
Payment of state and local taxes assessed on	
compensation of employees	
Additional Documentation as Needed	
Other	
Other	

0.4	1 for 2020: Employer's (HARTERLY	Federal T	ax Return	1	9501
iev. Januar	2020) Department of the Treas	ury — Internal Revenue S	ervice			CMB No. 1545-0
Fordings 1	Jeritification number (EIN)	3	5 8		eport for thi	s Quarter of 2020
	erciic			_		ebruary, March
Name (no	t your trade name) SPC LLC			5 0	2: April, May.	June
Trade na	me (if arry)				3: July, Augu	st, September
Address	4700 36th Ave SW		Sube or room numb			Vovember, December
	Number Street	WA	98126		to www.irs.go	ov/Form941 for the latest information
	Seattle	State	ZIP code			
	rolegi county name	reign province/county	Foreign postal oo			
Read the	separate instructions before you complete F	orm 941. Type or pri	nt within the bo	oxes.		
	Answer these questions for this quart		ensation for th	e pay period		
1 Ni	imber of employees who received wages, cluding: Mar. 12 (Quarter 1), June 12 (Quart	er 2), Sept. 12 (Quar	ter 3), or Dec. 1	(Quarter 4)	1	6
					2	75200 •
2 W	ages, tips, and other compensation .					0
3 F	ederal income tax withheld from wages, to	ps, and other comp	ensation .		3	0.
4 11	no wages, tips, and other compensation	are subject to socia	l security or N	tedicare tax	Chec	k and go to line 6.
4 "	no wages, ups, and outs compensation	Column 1		Column 2		
5a T	exable social security wages	75200 • 00 s	× 0.124 =	9324 •	80	
5b T	exable social security tips		× 0.124 =			
5c T	exable Medicare wages & tips	75200 • 00 s	× 0.029 =	2180 •	80	
5d T	axable wages & tips subject to		× 0.009 =			
					5.0	11505 •
5e A	dd Column 2 from lines 5a, 5b, 5c, and 5d				50	11200
St S	ection 3121(q) Notice and Demand-Tax	due on unreported !	tips (see instru	ctions) .	51	
6 T	otal taxes before adjustments. Add lines 3	, 5e, and 5f			6	11505 •
					7	
7 0	urrent quarter's adjustment for fractions	of cents			-	
8 0	urrent quarter's adjustment for sick pay				8	
9 0	urrent quarter's adjustments for tips and	group-term life insu	rance		9	
					10	11505 •
	otal taxes after adjustments. Combine line					
11 0	ualified small business payroll tax credit fo	r increasing research	h activities. Att	ach Form 8974	11	
12 1	otal taxes after adjustments and credits.	Subtract line 11 from	n line 10 , .		12	11505 •
40 7	otal deposits for this quarter, including	overpayment applied	d from a prio	r quarter and	**	
0	verpayments applied from Form 941-X, 941-X	(PR), 944-X, or 944-X	(SP) filed in the	current quarter	13	
14 E	salance due. If line 12 is more than line 13,	enter the difference a	and see instruct	tions	14	11505 •
	overpayment. If line 13 is more than line 12, e	nter the difference		. Check	one: Apply to	o next return. Send a
15 (Ne

Case 2:20-cr-00174-JCC Document 137-7 Filed 11/26/21 Page 50 of 79

				95051
ame (not your trade name)			Employer id	entification number (EIN)
FSLLC				3580
Part 2: Tell us abou	t your deposit schedule	and tax liability for this quarter.		
If you are unsure about of Pub. 15. 16 Check one:	Line 12 on this return is less incur a \$100,000 next-day de	hly schedule depositor or a semiwas than \$2,500 or line 12 on the return to apposit obligation during the current quality of the contract of t	for the prior quarte arter. If line 12 for the	r was less than \$2,500, and you didn the prior quarter was less than \$2,500 b I lability. If you are a monthly schedu
×	Part 3. You were a monthly sch	edule depositor for the entire que		
	liability for the quarter, the	5752 • 80		
	Tax liability: Month 1 Month 2	5752 80		
	Month 3	0. 00		
	Total liability for quarter	11505 • 60	Total must equa	al line 12.
	Van mara a saminasakhi	schedule depositor for any part of Semiweekly Schedule Depositors, a	of this quarter. O	omplete Schedule B (Form 941), m 941.
Part 3: Tell us abou		stion does NOT apply to your bu		
	sllow an employee, a paid to	x preparer, or another person to dis	cuss this return w	ith the IRS? See the instructions
tor details. Yes. Design Select	ee's name and phone numb			ith the IRS? See the instructions
for details. Yes. Design Select No.	ee's name and phone numb a 5-digit Personal Identifical	tion Number (PIN) to use when talking	ng to the IRS. [ith the IRS? See the instructions
for details. Yes. Design Select No. Part 5: Sign here.	ee's name and phone numb a 5-digit Personal Identificat You MUST complete bot	tion Number (PIN) to use when talking the pages of Form 941 and SIGN is	ng to the IRS.	onts, and to the best of my knowledge
for details. Yes. Design Select No. Part 5: Sign here.	ee's name and phone numb a 5-digit Personal Identificat You MUST complete bot	tion Number (PIN) to use when talking the pages of Form 941 and SIGN it	t. hedules and statemer on all information of	onts, and to the best of my knowledge which preparer has any knowledge.
for details. Yes. Design Select No. Part 5: Sign here. Under penalties of perjurant belief, it is true, corre	ee's name and phone numb a 5-digit Personal Identifical You MUST complete both y, I declare that I have examine set, and complete. Declarations	tion Number (PIN) to use when talking the pages of Form 941 and SIGN if this return, including accompanying soft preparer (other than taxpayer) is based	ng to the IRS. [t. hedules and statemer on all information of Print your name here [onts, and to the best of my knowledge
for details. Yes. Design Select No. Part 5: Sign here.	ee's name and phone numb a 5-digit Personal Identifical You MUST complete both y, I declare that I have examine set, and complete. Declarations	tion Number (PIN) to use when talking the pages of Form 941 and SIGN if this return, including accompanying soft preparer (other than taxpayer) is based	ng to the IRS. [t. hedules and stateme on all information o Print your name here Print your	onts, and to the best of my knowledge which preparer has any knowledge.
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DocuSign Envelope ID: 931F8234-C539-4FF6-BECD-3A7929FEB461 DO NOT STAPLE For Official Use Only b 33333 OMB No. 1545-0008 501c non-govi Kind × Employer (Check one) 451200 4 Social security tax withheld 3 Social security wages 451200 55948.8 6 Medicare tax withheld 5 Medicare wages and tips # Employer's name 13084.8 451200 SFCLLC 8 Allocated tips 7 Social security tips 10 Dependent care benefits 9 12a Deferred compensation 4700 36th Ave SW Seattle WA 98126-2716 g Employer's address and ZIP code h Other EIN used this year 13 For third-party sick pay use only 12b Employer's state (D number 14 Income tax withheld by payer of third-party sick pay WA 18 Local wages, tips, etc. 18 State wages, tips, etc. Employer's contact perso Employer's telephone number For Official Use Only Eric R Shibley 206-938-4291 shibley98271@gmail.com as of perjury, I deciate that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, co Eric R Shibley Date > 04/24/202020 Trie Manager 2019 W-3 Transmittal of Wage and Tax Statements Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3. Reminder Separate Instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA. Purpose of Form Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comptly with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years. When To File Paper Forms Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020. E-Filing The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website. Where To File Paper Forms Send this entire page with the entire Copy A page of Form(s) W-2 to: Social Security Administration . W-2 Online. Use fill-in forms to create, save, print, and submit up to **Direct Operations Center** 50 Forms W-2 at a time to the SSA Wilkes-Barre, PA 18769-0001 File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2). Note: If you use "Certified Mail" to file, change the ZIP code to **18769-0002.* If you use an IRS-approved private delivery service, add **ATTN: W-2 Process, 1150 E. Mountain Dr. ** to the address and change the ZIP code to **18702-7997.* See Pub. 15 (Circular E). Employer's Tax Guide, for a list of IRS-approved private delivery services. W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Registor"; returning filers select "Log In." For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10159Y



OMB Control No.: 3245-04	07
Expiration Date: 09/30/20	20

Check One: □ Sole proprietor □ Partnership □ C-Corp □ S-Corp □ LLC □ Independent contractor □ Eligible self-employed individual □ 501(c)(3) nonprofit □ 501(c)(19) veterans organization □ Tribal business (sec. 31(b)(2)(C) of Small Business Act) □ Other				DBA or Tradename if Applicable								
		Business	Legal Nar	ne			1					
ES1 LL	<u> </u>	Rucino	ss Address				Business TIN (FIN SCN		Business	Phone	
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							Primary C	Contact		Email Ad		
Seattle			WA	98126			ERIC R SHIE			ers9812		nail.co
Averag	erage Monthly Payroll: \$\\$40000 x 2.5 + EIDL, Net of \$\\$			_{\$} 10	0000	Number o	of Emplo	oyees: 5				
Purpos	e of the loan											
_	more than one):	Payrol	Leas	e / Mortgage Inte	erest U Utilitie	s D	Other (explain):	employee	benefit	S		
List all	Owner Name	e of the equit	y of the A	Applicant Own	-	4	essary.		Add	lress	7	
ERIC R	SHIBLEY		Manage		100	11		700 36th A				
	questions (1) or (2) be	elow are ansv	vered "Ye	s," the loan will i	not be approved							
				Question							Yes	No
2.	Is the Applicant or an voluntarily excluded for bankruptcy? Has the Applicant, an guaranteed loan from caused a loss to the go	y owner of the SBA or any overnment?	ation in the e Applica other Fede	is transaction by a	any Federal dep ss owned or con s currently delin	artme itrolle quent	ent or agency, or d by any of ther or has defaulted	presently in n, ever obtain d in the last	ined a di 7 years a	in any rect or and		
3,	 Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any obusiness? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, 							X				
	provide details on a se	eparate sheet	identified	as addendum B.		Janua	1y 51, 2020 and	74pm 3, 202	20. II ye	,		
<u>If</u>	questions (5) or (6) are	e answered "	Yes," the	loan will not be a	approved.							
				Question						Yes	No	
5.	Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → ERS				Δ	3						
6.	Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → ERS			Б	3							
7.	Is the United States to Applicant's payroll c			sidence for all en	nployees of the	Appli	cant included in	the		X]
8.	U.S. v. Shi				-			[x]			
	CONFIDENTI	AL		1			20-174 JCC vernment E	v	NF0(No. 2	20017	7	

Admitted _



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was
 for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

-DS

ERS

ERS

ERS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

ERS	The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent
	contractors, as reported on Form(s) 1099-MISC.

ERS Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.

The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.

I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.

<u>ERS</u> During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.

I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Docusi@Redgram Requirements and all SBA reviews.

ERIC R SHIBLEY

O4/15/2020 | 5:48:53 PM CDT

Signature of Authorized Representative of Applicant

ERIC R SHIBLEY

Date

04/15/2020

Title



Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416.. and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been. (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Addendum A – Affiliate Information

Please complete this form if you answered YES to question 3, if you replied NO please continue to the next page.

Question 3: Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.

Affiliate 1

Business Name	
Eric R Shibley MD PLLC	
Business Industry	Tax ID
Healthcare	9052
Sales of the Affiliate Business	Number Employees of the Affiliate Business
180000	5
NAICS Code	Size Standard (\$)
621111	180000

Affiliate 2

Business Name	
The A team Holdings LLC	
Business Industry	Tax ID
Real Estate Development	7088
Sales of the Affiliate Business	Number Employees of the Affiliate Business
4850000	48
NAICS Code	Size Standard (\$)
236115	4850000

Affiliate 3

Attitude 3	
Business Name	
Seattle's Finest Cannabis	
Business Industry	Tax ID
Packaging	3580
Sales of the Affiliate Business	Number Employees of the Affiliate Business
120000	5
NAICS Code	Size Standard (\$)
561910	1200005

Affiliate 4

Business Name		
Business Industry	Tax ID	
Sales of the Affiliate Business	Number Employees of the Affiliate Business	
NAICS Code	Size Standard (\$)	

CONFIDENTIAL

Affiliate 5

Business Name		
Business Industry	Tax ID	
Sales of the Affiliate Business	Number Employees of the Affiliate Business	
NAICS Code	Size Standard (\$)	

Affiliate 6

Business Name	
Dusiness Franc	
Business Industry	Tax ID
Sales of the Affiliate Business	Number Employees of the Affiliate Business
NAICS Code	Size Standard (\$)

Affiliate 7

Timete /	
Business Name	
Business Industry	Tax ID
Sales of the Affiliate Business	Number Employees of the Affiliate Business
NAICS Code	Size Standard (\$)

Affiliate 8

Business Name			
Business Industry Tax ID			
Sales of the Affiliate Business	Number Employees of the Affiliate Business		
NAICS Code	Size Standard (\$)		

Affiliate 9

Business Name		
Business Industry	Tax ID	
Sales of the Affiliate Business	Number Employees of the Affiliate Business	
NAICS Code	Size Standard (\$)	

Affiliate 10

Business Name	
Business Industry	Tax ID
Sales of the Affiliate Business	Number Employees of the Affiliate Business
NAICS Code	Size Standard (\$)

Addendum B – EISL Use of Funds

Please complete this form if you answered YES to question 4, if you replied NO please continue to the next page.

Question 4: Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.

EIDL Loan#	EIDL Loan Date
EIDL Loan Amount	EIDL Use of Funds



Please add additional owners of 20% or more of the equity of the Applicant.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address

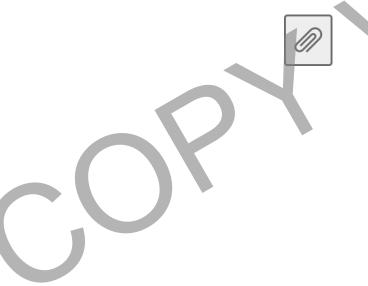


Please upload documentation to support the "Average Monthly Payroll" figure submitted on the PPP application. Documentation may include:

- 1. Payroll Tax Form 941 (include last 4 quarters), Payroll Tax Form 944, Tax Form 940, or Payroll Summary Reports from your payroll provider;
- 2. Form 1099-Misc;
- 3. Some payroll providers such as ADP; Paychex; Gusto have published specific PPP Reports. Please provide these if available; or
- 4. Annual Income and Expense statement (for sole proprietorships only) or Business Tax Return (Schedule C or Form 1120S or 1065)

Documents in numbers 1, 2, and 3 above are recommended as they may result in reduced processing times of your loan application.

Please limit file size to 5MB total (and 5 documents maximum).



LLC It : January, February, March 2: April, May, June 3: July, August, September
3: July, August, September
Street Suite or room number 4: October, November, December
WA 98126 Go to www.irs.gov/Form941 for instructions and the latest information
8tale 23° cod4
Foreign province/county Foreign sostal code
before you complete Form 941. Type or print within the boxes
estions for this quarter.
who received wages, tips, or other compensation for the pay period rter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1
compensation
thheld from wages, tips, and other compensation
subject to × 0.029 = 2221 • 40
es 5a, 5b, 5c, and 5d
and Demand – Tax due on unreported tips (sea instructions)
stments. Add lines 3, 5e, and 5l
stment for fractions of cents
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tments for tips and group-term life insurance
tments. Combine lines 6 through 9
payroll tax credit for increasing research activities. Attach Form 8974 11 .
tments and credits. Subtract line 11 from line 10
quarter, including overpayment applied from a prior quarter and m Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13
s more than line 13, enter the difference and see instructions
s more than line 12, enter the difference . Check one: Applyto rest return.
pages of Form 941 and SIGN it.

			75.3	95021
a (not your tracte name)			Employe	r identification number (EIN) 5849
TLLC			144	2043
Tell us abou	it your deposit schedu	le and tax liability for this quar onthly schedule depositor or a s	ter.	le depositor, see section 11
Pub. 15.		to the same sa soo or line so on the m	turn for the prior gu	orter was less than \$2,500, and you did
16 Check one: L	incur a \$100,000 next-day line 12 on this return is \$ depositor, complete the di Part 3.	y deposit obligation during the curre 100,000 or more, you must provide a eposit schedule below; if you are a ser	record of your tedera reweekly echedule dep	I tax liability. If you are a monthly sched- logitor, attach Schedule B (Form 841). Go
*	You were a monthly s inbility for the quarter,	chedule depositor for the entir then go to Part 3.	e quarter. Enter yo	ur tax liability for each month and to
	Tax liability: Month	5859 •	90	
	Month:	5859 .	90	
	Month:	3 (),a	00	
	Total liability for quarte	11719.	80 Total must e	qual line 12.
	You were a semiweel Report of Tax Liability	kly schedule depositor for any p for Semiweekly Schedule Depositi	part of this quarter ors, and attach it to	Complete Schedule B (Form 941), Form 941.
No. of concession	The second second	uestion does NOT apply to yo		
rt 3: Tell us abou	ut your business, ii ii q			Check here, and
	sonal employer and you	don't have to file a return for ex	very quarter of the	year Check here.
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Do you want to a	eak with your third-par allow an employee, a paid	ty designee?		with the IRS? See the instructions
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- Self-family	y 2020) Department of the Treasury - Internal Revenue Service	eport for this	Quarter of 2020
mployer		heck one.)	
dame (n	of your trade name) ESI LLC	1: January, Feb	ruary, March
same pro-		2: April, May, Ji	une
rade ne	ime (if any)	3: July, August,	September
ddress	4700 36th Ave SW	4: October, No	vernber, December
ace was	Number Street Subs or norm number Go	to www.irs.gov	Form941 for statest information.
	Seattle WA 98126	HOODS IN W. W. P.	
	City State ZP tode		
	Execute country states Foreign province/country Foreign proteil code		
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ad the	separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter.		
in	umber of employees who received wages, tips, or other compensation for the pay period cluding: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) (ages, tips, and other compensation	2	88000 . 0
			0.0
3 F	ederal income tax withheld from wages, tips, and other compensation	3	-
4 H	no wages, tips, and other compensation are subject to social security or Medicara tax	Check	and go to line 6.
	Column 1 Column 2		
Sa T	axable social security wages 80000 . 00 x 0.124 = 9020 .	100	
5b T	axable social security tips • × 0.124 ×		
	axable Medicare wages & tips 80000 . 00 x 0.029 = 2320	00	
5d T	axable wages & tips subject to		
	Additional Medicare Tax withholding		
5e A		F	4640 . (
	Add Column 2 from lines 5e, 5b, 5c, and 5d	5e	
	Section 3121(q) Notice and Demand Tax due on unreported tips (see instructions)	5/	
			4640 . (
6 1	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) Total taxes before adjustments. Add lines 3, 5e, and 5f	5/	
6 1	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) Total taxes before adjustments. Add lines 3, 5s. and 51 Current quarter's adjustment for fractions of cents	5/	4640.
6 1	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) Total taxes before adjustments. Add lines 3, 5e, and 5f	5/	4640 .
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6 T 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Section 3121(q) Notice and Demand Tax due on unreported tips (see instructions) Total taxes before adjustments. Add lines 3, 5e, and 5f Current quarter's adjustment for fractions of cents. Current quarter's adjustment for sick pay Current quarter's adjustments for tips and group-term life insurance Total taxes after adjustments. Combine lines 6 through 9 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 Total taxes after adjustments and credits. Subtract line 11 from line 10	5/ 6 7 8 9 10 11 12 13 14	4640.

Name (not your tode name)	Employer identification number (EIN)
	5849
Part 2: Tell us about your deposit schedule and tax liab	
If you are unsure about whether you are a monthly schedule of Pub. 15.	depositor or a semiweekly schedule depositor, see section 11
16 Check one: Line 12 on this return is less than \$2,500 incur a \$100,000 next-day deposit obligation 12 on this return is \$100,000 or more.	or line 12 on the return for the prior quarter was less than \$2,500, and you didn ion during the current quarter. If line 12 for the prior quarter was less than \$2,500 by you must provide a record of your tederal tax liability. If you are a monthly schedule elow; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to
You were a monthly schedule depos liability for the quarter, then go to Part	sitor for the entire quarter. Enter your tax liability for each month and tot 3.
Tax liability: Month 1	
Month 2	•
Month 3	•
Total liability for quarter	4640 00 Total must equal line 12.
You were a semiweekly schedule do Report of Tax Liability for Semiweekly	epositor for any part of this quarter. Complete Schedule B (Form 941). Schedule Depositors, and attach it to Form 941.
art 3: Tell us about your business. If a question does I	
17 If your business has closed or you stopped paying wa	ges
enter the final date you paid wages / /	
18 If you are a seasonal employer and you don't have to f	file a return for every quarter of the year X Check here.
	r another person to discuss this return with the IRS? See the instructions
for details.	randiller person to discuss this retain with the whore soo the minutes and
Yes. Designee's name and phone number.	
Select a 5-digit Personal Identification Number	PIN) to use when talking to the IRS.
X No.	
art 5: Sign here. You MUST complete both pages of F	form 941 and SIGN it.
	cluding accompanying schedules and statements, and to the best of my knowledge
and belief, it is true, correct, and complete. Decis ation of preparer joth	er than taxpayer) is based on all information of which preparer has any knowledge.
VA T	Print your name here Eric R Shibley
Sign your name here	Print your
That He He He	title here Eric R Shibley
Date 4/6/2020	Best daytime phone 2069384291
Paid Preparer Use Only	Check if you are self-employed
Preparer's name	PTIN
Preparer's signature	Date / /
Pirm's name (or yours- if self-employed)	EIN
Address	Phane
City	State ZIP code



OMB Control No.: 3245-0	407
Expiration Date: 09/30/2	020

A/STAK											
Check	☐ Independ ☐ 501(c)(3)	prietor Partnership lent contractor Elig) nonprofit 501(c)(usiness (sec. 31(b)(2)(C	gible self-employe (19) veterans orga	ed individual mization		Shibley M	BA or Traden edical	ame if A	pplicable		
		Business Legal Na	me								
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+1000						Primary C	lantaat		Email Ad		
Seattle		WA	98126			ERIC R SHIE			ers9812		nail.cc
Averaş	ge Monthly Payroll:	\$ 40000	x 2.5 + EIDL,	Net of	\$ ¹⁰	0000	Number of	f Emplo	yees: 5		
Purpos	se of the loan										
_	more than one):	Payroll Leas	se / Mortgage Inte	erest V Utilitie	-s T	Other (explain):	employee	benefit	S		
List all	owners of 20% or more	e of the equity of the A	Applicant Own Applicant. Attach a	=	4	essary.		Add	Iress	<u> </u>	
ERIC F	R SHIBLEY	Manage		100			700 36th A		L CSS		
<u>I</u>	f questions (1) or (2) be	elow are answered "Ye	es," the loan will	not be approve	<u>d.</u>						
			Question							Yes	No
1.	Is the Applicant or an voluntarily excluded bankruptcy?	y owner of the Application in the from participation in the									X
2.		y owner of the Applica SBA or any other Fed overnment?									X
3.	Is the Applicant or an business? If yes, list a	ny owner of the Applicatell such businesses and							y other		
4.		ceived an SBA Economeparate sheet identified			Janua	ry 31, 2020 and	April 3, 202	20? If ye	es,		X
<u>If</u>	questions (5) or (6) ar	e answered "Yes," the	loan will not be a	approved.							
			Question						Yes	No	
5.	to an indictment, crit	n individual) or any in minal information, arra liction, or presently inc	aignment, or other	means by which probation or par	ch forn			t		D	3
	Initial here to confirm	m your response to que	estion $5 \rightarrow$	ERS	=						
placed on any form of parole or probation (including probation before judgment)?						Б	3				
	Initial here to confirm	m your response to que	estion $6 \rightarrow$	ERS	-						
7.	Is the United States t Applicant's payroll of		esidence for all er	mployees of the Applicant included in the			j				
8.	Is the Applicant a fra	anchise that is listed in	the SBA's Franch	hise Directory?	Shib [*]	ley				X]
	CONFIDENT	IAL	4	CR20-174		1 11 1	. V	VF00	00001	1	



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was
 for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

ERS

ERS

ERS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

ERS	The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent
	contractors, as reported on Form(s) 1099-MISC.

ERS Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.

The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.

I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.

During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.

I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Procusing Program Requirements and all SBA reviews.

ERIC R SHIBLEY	04/15/2020 5:34:28 PM CDT
Signature of Authörized Representative of Applicant	Date
ERIC R SHIBLEY	04/15/2020
Print Name	Title



Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See. 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been. (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Addendum A – Affiliate Information

Please complete this form if you answered YES to question 3, if you replied NO please continue to the next page.

Question 3: Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.

Affiliate 1

Business Name	
The A Team Holdings LLC	
Business Industry	Tax ID
Real Estate Development	7088
Sales of the Affiliate Business	Number Employees of the Affiliate Business
4850000	48
NAICS Code	Size Standard (\$)
236115	4850000

Affiliate 2

Business Name	
ES1 LLC	
Business Industry	Tax ID
Real Estate	\$849
Sales of the Affiliate Business	Number Employees of the Affiliate Business
120000	5
NAICS Code	Size Standard (\$)
531110	120000

Affiliate 3

Business Name	
Seattle's Finest Cannabis	
Business Industry	Tax ID
Packaging	3580
Sales of the Affiliate Business	Number Employees of the Affiliate Business
120000	5
NAICS Code	Size Standard (\$)
561910	120000

Affiliate 4

Business Name	
Business Industry	Tax ID
Sales of the Affiliate Business	Number Employees of the Affiliate Business
Saits of the Affiliate Business	Trumber Employees of the Arimate Business
NAICS Code	Size Standard (\$)

Affiliate 5

Business Name	
Business Industry	Tax ID
Sales of the Affiliate Business	Number Employees of the Affiliate Business
NAICS Code	Size Standard (\$)

Affiliate 6

Allmate 0	
Business Name	
Business Industry	Tax ID
Sales of the Affiliate Business	Number Employees of the Affiliate Business
NAICS Code	Size Standard (\$)

Affiliate 7

Business Name	
Business Industry	Tax ID
Sales of the Affiliate Business	Number Employees of the Affiliate Business
NAICS Code	Size Standard (\$)

Affiliate 8

Business Name	
Business Industry	Tax ID
Sales of the Affiliate Business	Number Employees of the Affiliate Business
NAICS Code	Size Standard (\$)

Affiliate 9

Business Name	
Business Industry	Tax ID
Sales of the Affiliate Business	Number Employees of the Affiliate Business
NAICS Code	Size Standard (\$)

Affiliate 10

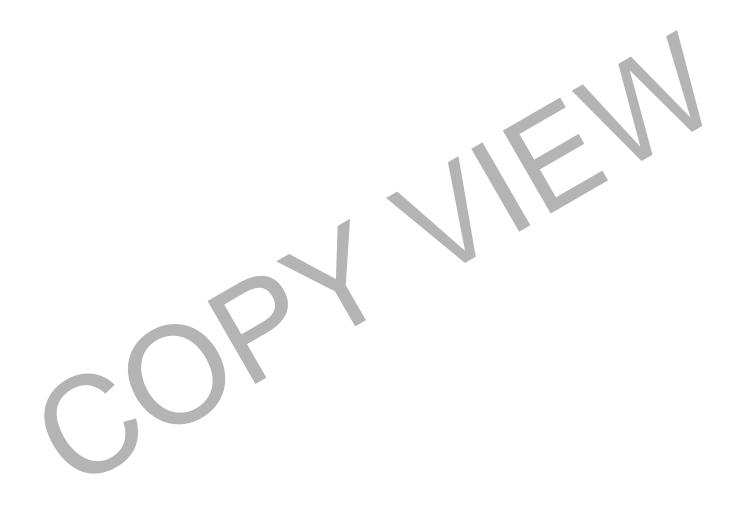
Business Name	
Business Industry	Tax ID
Sales of the Affiliate Business	Number Employees of the Affiliate Business
NAICS Code	Size Standard (\$)

Addendum B – EISL Use of Funds

Please complete this form if you answered YES to question 4, if you replied NO please continue to the next page.

Question 4: Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.

EIDL Loan#	EIDL Loan Date
EIDL Loan Amount	EIDL Use of Funds



Please add additional owners of 20% or more of the equity of the Applicant.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address

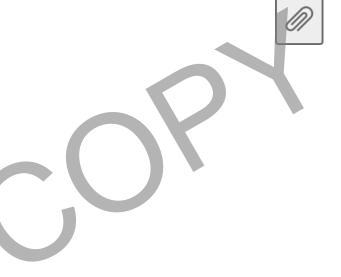


Please upload documentation to support the "Average Monthly Payroll" figure submitted on the PPP application. Documentation may include:

- 1. Payroll Tax Form 941 (include last 4 quarters), Payroll Tax Form 944, Tax Form 940, or Payroll Summary Reports from your payroll provider;
- 2. Form 1099-Misc;
- 3. Some payroll providers such as ADP; Paychex; Gusto have published specific PPP Reports. Please provide these if available; or
- 4. Annual Income and Expense statement (for sole proprietorships only) or Business Tax Return (Schedule C or Form 1120S or 1065)

Documents in numbers 1, 2, and 3 above are recommended as they may result in reduced processing times of your loan application.

Please limit file size to 5MB total (and 5 documents maximum).



mployer	identification number (EIN)	9	0 5 2		port for this eck one.)	Quarter of 2020	1
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rade n	ame (Y arty)				3: July, August.	September	1
	4700 36th Ave SW				4: October, No	vember, December	
ddress	Number Street		Suite or room number	Go	to www.irs.govi	Farm941 for	
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	ncluding: Mar. 12 (Quarter 1), June 12 (Quarter 1),	arter 2), Sept. 12 (Qu	arter 3), or Dec. 12 (G		2	80000	00
	ederal income tax withheld from wages	s, tips, and other co	mpensation	* * *	3	0.	
	f no wages, tips, and other compensation	on are subject to so	cial security or Medic	are tax	Check	and go to line 6.	
		Column 1	Co	dumn 2	and Local		
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5b 15c 15c 15d 17	Taxable social security tips Taxable Medicare wages & tips Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(a) Notice and Demand—Tax	5d	x 0.124 = 0 x 0.029 = 0.009 = 0.009 = 0.009	2320	5e		
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me (not your trade name)						Employer	identification	19052	
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f you are unsure abo	ut your deposit s	re a month	ly schedule depo	ositor or a s	emiwe	ekly schedule	depositor,	see section	11
of Pub. 15.									
16 Check one:	line 12 on this re depositor, comple Part 3.	next-day der turn is \$100,0 ete the depos	than \$2,500 or line posit obligation du 000 or more, you m it schedule below; it	ring the curre lust provide a t you are a ser	record niweekly	of your federal y schedule depo	tax liability. It sitor, attach 8	you are a mo schedule B (Fo	nthly schedurm 941). Go
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		Month 2			=				
	9	Month 3							
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17 If your busines	s has closed or y	ou stopped	paying wages .					Ti baloon	-
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	any and					2: April,	May, June
rade	name (f any)					3: July.	August, September
ddres			4: Octo	ber, November, December			
	Number Street			irs.gov/Form941 for and the latest information.			
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Company Administration of the Company of the Compan				Emples	95021 r identification number (EIN)	
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art 2: Tell us abou		echadula and tav	liability for this quarte		7072	
					le depositor, see section 11	
of Pub. 15.						
16 Check one:	incur a \$100,000	next-day deposit ob sum is \$100,000 or m	figation during the current fore, you must provide a re-	quarter, If line 12 k ord of your federa	arter was less than \$2,500, and you did or the prior quarter was less than \$2,500 b I lax liability. If you are a monthly schedu costor, attach Schedule B (Form 941). Go	
×		onthly schedule di quarter, then go to f		warter, Enter yo	ur tax liability for each month and to	
	Tax liability:	Month 1	5798 • 70			
		Month 2	5798 • 70			
		Month 3	0. 00			
1	Total liability for	quarter	11597 • 40	Total must ed	qual line 12.	
	You were a se	emiweekly schedul liability for Semiwee	t of this quarter,	Complete Schedule B (Form 941), Form 941.		
art 8: Tell us abou	9.600.000		es NOT apply to your		7017	
17 If your business				Security (Control	Check here, and	
Do you want to a tor details. Yes, Designer Select a	ak with your th	nird-party designa e, a paid tax prepara none number		iscuss this return	with the IRS? See the instructions	
No.	/au MI IST sam	alata bath nasso	of Form 941 and SIGN	i+		
liviar nanatties of narius	(declare that) ha	ve examined this retur	m. including accompanying s	chedules and state	ments, and to the best of my knowledge	
and belief, it is true, come	ct, and complete. I	Declaration of preparer	(other than taxpayer) is base	d on all information	of which preparer has any knowledge.	
Sign yo				Print your name here		
name h		1		Print your title here	Manager	
0	are G/22	poro		Best daytim	2069384291	
	se Only			Check if y	ou are self-employed	
Paid Preparer Us				-		
_				PTIN		
Preparer's name				Date	1.1	
Preparer's name Preparer's signature Firm's name (or yours						
Paid Preparer Us Preparer's name Preparer's signature Firm's name (or yours if self-employed) Address				Date		
Preparer's name Preparer's signature Firm's name (or yours if self-employed)			State	Date EIN		